VS. A15ME(5) 5M 9/55

MARYLAND ST							
MEDICAL	EXA	MINER'S	CERT	IFICATE	OF	DEATH	

03217

	U	U	-	3
Reg.	Dist.	No.		

). PLACE OF DEATH o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (VO. STATE Md.			dence before admi orchester	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tow	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (III	f outside corporate li Creek, Md		nd give nearest to	wn)
d. NAME OF HOSPITAL OR INSTITUTION (If not in ho Eastern Shore State Ho		/d. STREET ADDRESS Fishing C	reek Md.		ON	ESIDENCE A FARM?
3. NAME OF First DECEASED (Type or print) Sallie	DECEASED					rear 9 58
Female White WIDOWN	ED DIVORCED	1/29/68	90	(In years irthday)	Days Hours	ER 24 HRS. Min.
10a, USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if refired)	Own home	Narylan Marylan		12. CI	U.S.S.	COUNTRY?
13. FATHER'S NAME William Henry Creighto	on	14. MOTHER'S MAIDEN I	e Lewis			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes. no. or unknown) [If yes, give war or dates of service)		ormant ecords Easte:	rn Shore S	Address State Hosp	ital	
18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)		ronary occlu	sion		onset and de 2 Min	EEN ATH
Conditions, it dily, which (b)	rterioscleroti	vc C-V Disea	se		?	
gave rise to immediate cause (o), stating the underlying cause lost.					,	
PART II. OTHER SIGNIFICANT CONDITIONS C Senile bra 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	ontributing to DEATH BUT N in disease	IOT RELATED TO THE TERM	NINALDISEASE COND	OITION GIVEN IN PA	RT 1(a) 19. WAS PERFO YES	AUTOPSY DRMED? NO 🍱
	BE HOW INJURY OCCURRED. (E	nter nature af injury in Pa	rt I ar Part II af item	18.)		
Hour a.m. Whi		CE OF INJURY (Home, formory, street, affice bldg., etc.	m, 20f. (City or low	n) (Co	ounty)	(State)
21. I certify that I taak charge of the death resulted from: Natural causes				nian E , Inqu	iry [], and	find tha
ACTUAL SIGNATURE	m.	_M.D. CHIEF MEDICAL E			DATE	SIGNED
EXAMINER'S John Mace Jr.	1	ASSISTANT MEDICAL	27	- Asc	3/10/5	58
22a. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL (Specify) 3/12/58	22c. NAME OF CEMETERY OR Hoosier Chur		Fishing	Creek	Md.	te)
23. FUNERAL DIRECTOR'S SIGNATURE LeCompte Funeral Service	ADDRESS Cambridge Md.	24g. REC	AR 1 8 58	246. REGISTRAR'S S	IGNATURE	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

OF DEATH	CERTIFICATE		
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MARYLAND STATE DEPARTMENT OF HEALTH-BARTIMORE,

VS A15 (4) 15M 9/55 90

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3261 CERTII	FICATE OF DEATH Reg. Dist. NO 3210
o. COUNTY Dorchester MARYL	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. STATEMARYLAND b. COUNTY Dorchester
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural c. LENGTH OF STAY I	
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Glasgow Convalescent Home	d. street address Glenburn Ave. e. 15 RESIDENCE ON A FARM? YES \(\sum \cdot
3. NAME OF First Middle DECEASED (Type or print) Jane	Anderson 4. DATE OF DEATH 3 Month Dgy Year 19 58
5. SEX Female 6. COLOR OR RACE White 7. MARRIED NEVER MARRIE WIDOWED DIVORCED	10st Dirindoy) Months Days Hours Min
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWLIE X	Prexel Hill, Pa. U.S.A.
Edgar T. Anderson	Jane Hopkins
1S. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give war or dates of service) NO	Convalescent Home Records
3 Deveralised bleena	Deculiturelles Zweeks Corticolles Degeneration 6 mo ATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NOW CCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.)
-	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (City or town) (County) (Stote)
21. I certify that I attended the deceosed from	deoth occurred at \(\text{\$\Omega\$} \) A M, from the couses and on the dote stated above ADDRESS (Street, city or town, stote) M.D. \(\text{\$\Omega\$} \text
PEMOVAL (Specify)	ETERY OR CREMATORY 22d LOCATION ICITY, town, or country (stole) rest Cemetery Truck sville Pa
23. FUNERAL DIRECTOR'S SIGNATURE LeCompte Funeral Service Cambridge	Md 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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VS A15 (4) 15M 9/55

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MARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
3262	CERTIFICATE OF DEATH	D

200	CEDTIEICATE	OF	DEATE
262	CERTIFICATE	Ur	DEAIL

Reg. Dist. No. 32211

1. PLACE OF D		rchester		MA	RYLAND	O. SIAIL	IDENCE (WI	,	lived. If instituti b. COUNTY		ches		ion)
5. CITY OR RURAL or	nd give nec	outside corporate limi prest town) ambridge	ts, write	c. LENGTH OF STA			town (If o		rate limits, write R	URAL and	give ne	arest town	1)
d. NAME O OR INSTI	NOITUTI	L (If not in hospital, gastern Sho			tal	d. STREET		ashing	ton Stre	et		e. IS RES ON A YES	FARM?
3. NAME OF DECEASED (Type or prin	ASED				Arni		4. DATE OF DEATH	Mor Mar		7	,	Year 19 58	
5. SEX Femal		6. COLOR OR RACE White	WIDOW	ED DIVOR	CED 🔲	1-22-	90		9. AGE (In years last birthday) yrs.	Months Months	Days	Haurs Haurs	ER 24 HRS. Min.
1	nous	N (Give kind of working life, even if retired Wife	dane 10b.	KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHP	LACE (State	or foreign co Land	ountry)			of WHAT Zerla	country
Kaspe		ocker				14. MOTHER'S	s MAIDEN N				J.		
15. WAS DECEA		IN U. S. ARMED FOR types, give war or dates of s		SOCIAL SECURITY N		CORDS -	Easte	ern Sh	ore State		pita	al	
PAI	RT I. DEAT	H [Enter only one co H WAS CAUSED 8Y: IMMEDIATE CAUSE (o DUE TO	Car	ne for (o). (b). ond (INT	ERVAL 8E SET AND	TWEEN DEATH
gave ris	ons, if on se to im , stoting th	y, which (b	Hyp Ger	ertensive eralized				Cardia	ac Disea	50			
PAI DI 200a. ACCII COR CONTR	RT II. OTHE	ER SIGNIFICANT CON		CONTRIBUTING TO D	DEATH BUT	NOT RELATED TO	O THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PAR	RT 1(a)	PERFO	AUTOPSY PRMED?
	DENT WAS RIBUTING (NOTIFY A	UNDERLYING UCAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRISE HOW INJURY	OCCURRED	. (Enter nature o	of injury in I	Part I or Part	II of item 18.)				
20c. TIME (Month, Day, Yes	While at war	NJURY OCCURRED Not while at wark	20e. PLA fact	CE OF INJURY ary, street, affic	(Home, farm te bldg., etc.	20f. (City	or tawn)	(Caunty)	Nie i	(State)
21. I cer alive on ACTUAL SIGNATUR PHYSICIAN NAME (Tyr	en Et	to a lattended the arch Thore De	deceas _, 19		at death		7.20	M, from	the causes of the cause of	ind on t			
22a. BURIAL C	REMATION (Specify)	3/9//	558	Eask.	METERY OR	CREMATORY Mac	ket	22d JOCAT	ION (gity, town of	or county)	K.	Sistate	1.
23. FUNERA) D	PIRECTOR'S	SIGNATURE K	Ih	ADDRESS (omb.	ugem	24a. REC'I	D BY REGIST	758 24b. REGIS	STRAR'S SI	GNATU	RE	
									w	11-20	will	*A.	

THE PROPERTY OF THE PROPERTY O

	3	263	CERTII	FICATE OF D	EATH		Reg. Dist	. NO 32	21
a. COUNTY	TH Dorchester		MARYL	ll o. STATE	ENCE (When	e deceased lived. If instituted b. COUN	TV -	before odmi	sion)
RURAL and	WN (If autside carporate lir give nearest lawn) Cambridge		c. LENGTH OF STAY I		Grason	iside carporote limits, write 18 ville	RURAL and gi	2	
OR INSTITU	IOSPITAL (If not in hospital, FION EASTERN SHORE			d. STREET AI	DDRESS				SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Glady	irst 'S	Middle May	lost B a	ker	OF	March	Doy 4	Yeor 19 58
s. sex Femal	6. COLOR OR RACE White	7. MARRIE	DIVORCED		ber 12	9. AGE (In year lost birthday 2, 1929 28) Months [YEAR IF UND Doys Hours	
None None None None	PATION (Give kind of work f warking life, even if retire	dane 10b. Ki	IND OF BUSINESS OF		imore,	Maryland		U.S.A.	T COUNT
Bayar	d Baker DEVER IN U. S. ARMED FO	PRCES? 16. SC	OCIAL SECURITY NO.		M. St	mmers	ddress		
[Yes, no. or unknown]	(If yes, give wor or dates of	service) =	none	RECORDS:	East	ern Shore S	tate Ho	spital	
gove rise cause (o), st lying cause	to immediate DUE T	(c) NDITIONS_CO		TH BUT NOT RELATED TO		al disease condition (GIVEN IN PART	PERF	
OR CONTRIB	IT WAS UNDERLYING [] ITING [] CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	20b. DESCR				rt 1 ar Port II af item 18.)			
Haur .	INJURY Month, Day, Y a. m. b. m. 19	ear 20d. INJ While of work	Not while	20e. PLACE OF INJURY IF factory, street, office	lome, farm, bldg., etc.)	20f. (City or town)	(Co	ounty)	(Stote
alive on	Harry J.	., 1958 Cena	inford	death occurred at	:45 A	M, from the causes M, from the causes DDRESS (Street, city or tow Hospital, Car	n, stote)	e date stat	
220. BURIAL, CRE	MATION, 22b. DATE THERE	OF C		TERY OR CREMATORY		2d LOCATION (City, Iown		(Sto	1
23 FUNERAL DIRE	CTOR'S SIGNATURE	b. a	ADDRESS	MON	240. REC'D	BY REGISTRAR 246. RE	GISTRAR'S SIGN	NATURE	

Tropped . Carlo TEST TOTAL and we come a great a little of the form of the compact of the com THE RESERVENT OF THE PROPERTY OF THE PROPERTY

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 he funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and the registror priar to burial, crematian, or remaval, and in any event within 72 hou<u>rs off</u>er death. CTOR: After this certificate has been signed by the attending physician and completely filled in

may be retained TO FUNERAL TO HOSPITAL

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

3234 **CERTIFICATE OF DEATH**

Reg. Dist. 103222

		- (2 2						Rog. Dist.	17.0	J. C.
1. PLACE OF DEATH a. COUNTY Do	rchester, Co		MARYL	^	SUAL RESIDENCE (V. STATE		d lived. If institution b. COUNTY	Dorches		_
b. CITY OR TOWN RURAL ond give	(If outside corporate limit		c. LENGTH OF STAY IN	11b c	city or town (iii		prote limits, write R	URAL ond give	nearest tow	vn)
	PITAL (If not in hospital, give Md. Hospital)			1	249 Race	St.			ON.	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Thomas	it.	Middle Howard	1	los: Bennett	4. DATE OF DEATH	Mar.		Day 2)	Year
s. sex		7. MARE	RIED NEVER MARRIED	8. DA	TE OF BIRTH		9. AGE (In years lost birthday) 70 yrs.	Months Day	AR IF UND	DER 24 HRS.
10a. USUAL OCCUPAT	TION (Give kind of work dorking life, even if retired)	one 10b.			- //	int Dor	ountry)		USA	T COUNTRY
	mas J. Benne	ett			Della Whe					
	VER IN U. S. ARMED FORG	CES? 16.	social security no.	Mrs.	MANT	ennett	Addi 249 Ra	ess ace St.		
Conditions, if gave rise to cosse (a), statin lying couse las	immediate DUE TO	(Cochal	arte	no sel	bon	2		39	120
CATIC	THER SIGNIFICANT CON							EN IN PART 1(c	PERF	ORMED?
(IF EITHER, NOTIF	WAS UNDERLYING AND CAUSE OF DEATH FY MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (En	ter nature of injury i	in Part I or Par	t II of item 18.)			
WE OF INJU Hour o. m	10	While of wor	Not while		PF INJURY (Home, fo street, office bldg., e		or town)	(Cour	nty)	(State)
21. I certify alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	Cauxina Lawrence	deceas), and that o	M.D.	. 1917, to urred at /30		the causes a treet, city or town, RdCO		date stat	
22a. BURIAL, CREMAT REMOVAL (Specif Burial	10N, 22b. DATE THEREO 3/26/58	F	22c. NAME OF CEMET Speddens—S			James	TION (City, town, 8	or county)	(Sto	ote)
23. FUNERAL DIRECTO LeCompte F	ors signature uneral Servi	ce	ADDRESS Cambridge		24a. RE	APR 1		STRAR'S SIGNA	211	

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3236 CERTIFICATE OF DEATH

03224

0146	10						Reg. Dist	. No.	
o. COUNTY				USUAL RESIDENCE (Who	ere decease	d lived. If institut		before odm	nission)
Dorchester		MARYLANI	P	Md		b. COUNTY		ester	Co.
b. CITY OR TOWN (If outside corporate RURAL and give nearest town)	limits, write	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (If a	utside carpa	prote limits, write I	RURAL and gi	ve nearest to	wn)
Cambridge Md.		6 Yrs.	- 1.	S Cambridge	Md.				
d. NAME OF HOSPITAL (If not in haspite OR INSTITUTION	I, give street	oddress)	1	d. STREET ADDRESS	20			e. IS F	RESIDENCE LA FARM?
	and Av	re.		415 Mar	yland	Ave.			□ NO 🖫
B. NAME OF	First	Middle		Last	4. DATE	Mai	nth	Day	Yeor
(Type or print) Ang	gie	Ronia		Bramble	OF DEATH	Ma.	r.	15.	19 58
5. SEX 6. COLOR OR RA	E 7. MARI	RIED NEVER MARRIED	7 B. D/	TE OF BIRTH	770-1	9. AGE (In years	IF UNDER 1	YEAR IF UN	NDER 24 HRS.
Female White	WIDOW	ED DIVORCED	Ma	¥ 1867 1865		lost birthdoy) 92 yrs.	Months [Days Hou	rs Min.
On USUAL OCCUPATION (Give kind of we	rk dane 10b.	KIND OF BUSINESS OR IN	DUSTRY		ar foreign c		12. CITI2	EN OF WH	AT COUNTRY
during most of working life, even if reti Housewife	red)	None		Bishops	Head	MA	77	SA.	
3. FATHER'S NAME		210226	14	MOTHER'S MAIDEN N		riu.		DA ,	
Washington Br	amhlte			Mary Hors	oman.				
5. WAS DECEASED EVER IN U. S. ARMED I	ORCES? 16.	SOCIAL SECURITY NO. 17	. INFOR		GHIAII	Add	lress		
(If yes, give wor or dates	of service)	None	Mrs	Reuben Bra	mbla	JULY M		- A	
18. CAUSE OF DEATH [Enter only one	course per li		th 9	Hempell Dis	mble	1112 M	arylan	LINTERVAL	
PART I. DEATH WAS CAUSED B				.11			- 100	ONSET AN	
IMMEDIATE CAUS	(0)	quamous	((11 Car	CIN	oma 6	7		
DUE	to of		11.	- 4	in.	1 4		10	Venr
Canditians, if ony, which	(b) (c)	ice wil	11	eximsi	un	1110		1	100
catse (o), stoting the under-	to pu	ie ouhi	+	and br	din	7			
lying couse last.	(c)	1000							
PART II. OTHER SIGNIFICANT C	SPH	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PART	1(o) 19. WA PER YES	FORMED?
20a. ACCIDENT WAS UNDERLYING	20b. DES	CRIBE HOW INJURY OCCUI	RRED. (Er	ter noture of injury in P	ort I ar Por	t II of item 18.)			J ZX
OR CONTRIBUTING CAUSE OF DEA	TH R)					A. P. L.			
ZOC. TIME OF INJURY Month, Day,	Year 20d. I	NJURY OCCURRED 20e.	PLACE (OF INJURY (Home, form,	20f. (Cin	or town)	1Co	ounty)	(Stote)
20c. TIME OF INJURY Month, Day, Hour a.m. p. m.	9 While	Not while	factory,	street, affice bldg., etc.			100	,,	(0.0.0)
₹ p. m.	or war							-3	
21. I certify that I attended t	he deceas	ed from VO	1	, 1054, 10 /	lar	15,105	2,that I la	ist saw th	e decease
alive on VIAP	19	and that dec	ath occ	curred at	_M, from	n the causes	and on the	e date sta	ated above
4.1	0	0		, ,	ADDRESS (S	treet, city or town,	state)		DATE SIGNE
SIGNATURA CENTRAL	13	walla	M.D.	160	X K	5/	-	E 3 5	
PHYSICIAN'S Lewis	M.	Rundott	6	Cam	bri	due.	Me	1	
20. BURIAL, CREMATION, 226. DATE THE	REOF	22c. NAME OF CEMETERY	COR CPI	MATORY	22d IOCA	TION (City, town,	or county)	101	lote)
Burial 3/18/5		A STREET LOOK BY THE					or coomy;		olej
3. FUNERAL DIRECTOR'S SIGNATURE	0	St. Thomas	Chin		Bisho BY REGIST	ons Head	STRAR'S SIGN	Md	
LeCompte Funeral Se	mriac	Cambridge N	12	DATE AF		1 2	O ALLE	A	
TICONIMO DE L'ATTELIET DE	TATCE	Uampridge A	10	DATESSAS	1200		-	-	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 he funeral director, moy be retained by the hospital ar ottending physician.

O FUNERAL CTOR: After this certificate has been signed by the attending physicion and campletely filled in poge 3 should be detached far use as the burial-transit permit. Then pleose remove carbon papers. Poges 1 ona the registror prior to burial, crematian, or removal, and in ony event within 72 hours ofter death. moy be reta

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VS A15 (4) 15M 9/55

8361 88 RAM The reportant of the Campandar St.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofter death. Page 4 he funeral director, should be filed with **D FUNERAL EXCOR:** After this certificate has been signed by the ottending physician ond completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove corbon popers. Pages 1 and the registrar priar to burial, cremotion, or removal, and in any event within 72 hours after death. by the hospital or ottending physicion.

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VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3237 **CERTIFICATE OF DEATH**

Reg. Dist. @3225

o. COUNTY Dorchester Co.	MARYLAND	o. STATE	Md.	b. COUNTY Dorch	ce before admission) lester Co.	
b. CITY OR TOWN (If outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TO	WN (If outside corporate	e limits, write RURAL ond		_
RURAL ond give neorest town) Cambridge Md.	1 Day	X Camb	ridge Md.	Shoal Creek		
d. NAME OF HOSPITAL (If not in hospital, give street		d. STREET ADI	RESS		e. IS RESIDENCE	CE
Cambridge Md. Hospits	ıl	Camb	ridge Md.	Shoal Creek		
3. NAME OF First	Middle	Last	4. DATE	Month	Day Year	
DECEASED (Type or print) M	Clayton	Bramble	OF DEATH	Mar.		58
	RIED NEVER MARRIED	8. DATE OF BIRTH			1 YEAR IF UNDER 24 H	_
Male White WIDOW		1/8/97		last birthdoy) Months	Days Hours Mi	in.
10o. USUAL OCCUPATION (Give kind of work done 10b.		4/0//1			IZEN OF WHAT COU	NTRY?
during most of working life, even if retired)						
Superintendent Se	ewage Dept.	14. MOTHER'S M	Creek Md.		USA	
		14. MOTHER 3 M				
Goodman W. Bramble			Sarah Jane			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO. 17.	INFORMANT		Address		
No C	098-05-4373	Mrs. Clay	ton Bramble	Cambridge N	Id. Shoal C	ree
18. CAUSE OF DEATH [Enter only one couse per li	ne for (o), (b), and (c).]				INTERVAL BETWEE	N
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	Munico				2 DA	
592 X DUE TO	~ / 1	0 1			1 2/	1
Conditions, if any, which)	Clir. that	Vinte			2 1	
gove rise to immediate DUE TO						
cose (o), stoting the under-					100	
	CONTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMINAL DISEASE C	ONDITION GIVEN IN PAR	1(0) 19. WAS AUTO	PSY
5 Fourthal C	Catherna	•			PERFORMED YES NO	15
Part II. OTHER SIGNIFICANT CONDITIONS OF CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of i	njury in Port I or Port II	of item 18.)		
	NJURY OCCURRED 20e. PL	ACE OF INJURY (Ho	me, form, 20f. (City or	town) (0	County) (St	tote)
Y 20c. TIME OF INJURY Month, Doy, Year 20d. 1 Hour o. m. 19 While of wor	Not while fa	ctory, street, office b	ldg., etc.)			
21. I certify that Lattended the deceas	ed from 2115	19 5	6 2/17	1955, that I	ast saw the dece	eased
alive on 12/17 . 19	SS and that death	occurred at	BOP M. from t	he causes and on th		
M 7030	> 1			t, city or town, state)	DATE SI	
ACTUAL SIGNATURE	ELD KS	40 10	1 6000	187-57	- 3/19	/_
SIGNATURE		m.u.		<u> </u>		58
PHYSICIAN'S NAME (Type)	KS	Cx	THIBRI	DEE M	d	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATIO	N (City, town, or county)	(Stote)	
Burial 3/18/58	Dorchester Me	em. Park	Cambri	dge Md.		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	2	4a. REC'D BY REGISTRA	R 24b. REGISTRAR'S SIG	NATURE	
LeCompte Funeral Service	Cambridge Md.		ATEMAR 2 6 '58	All A edu	eh	

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O'SWimer.

The production entries described on the

BUREAU V. S.

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EP	+	NO	Ž	en	
0	cute the ficate, writing the ward "pending" in pencil in Item 18. Giv	5	7	ar remaval.	
TO DEPUTY MEDICAL EXAMINER: This certificate shauld be executed with	0	4	TO FUNERAL DIRECTOR: Page 3 should be used as burial-transit permit.	3	

		ME		STATE DEPARTMENT STATE DEPARTMENTS					(Dist. No	132	27
1	PLACE OF DEATH	3604			2. USUAL RESIDENCE (V	-	sed lived. If Institution				
_		chester		MARYLAND	J	Land		20		este	
	b. CITY OR TOWN (If a ond give negres) town)	outside corporate limits, write	RURAL	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	outside car	porote limits, write	RURAL a	nd give r	eorest to	wn)
L		- Runal		Life		- Rui	cal				
	d. NAME OF HOSPITA Fork N		not in hos	spitol, give street oddress)	d. STREET ADDRESS	k Neo	ck		4.5	ON	A FARM?
3	NAME OF DECEASED (Type or print)	Fins ngdalene		Middle Henry C	lost hase	4. DATE OF DEATH	Month		Doy		9 58
1	. SEX	0		V	DATE OF BIRTH	DEATH	9. AGE In years		PIVEAD		ER 24 HRS.
1	Female	Negro	WIDOWE		Jan. 25,	1903	last bisthday)	Months	Days	Hours	Min.
ī	Oa. USUAL OCCUPATIO	N (Give kind of work d	one 10b. I	KIND OF BUSINESS OR INDUST		or foreign	1	12. CI	TIZEN O	F WHAT	COUNTRY
	Housewa	3		Home	Marvla	nd			TPC: A		
Ti	3. FATHER'S NAME	/1 IX		1. One	14. MOTHER'S MAIDEN N			'	COA		
ı	John D.	Henry			Susan E	. The	ompson				
10	5. WAS DECEASED EVE Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give wor or dotes of se	CES? 16.		lliam M.	Chase	Address e. Vienn	18,	Md.	RFD) .
F	PART I. DEATH	H [Enter only one caused WAS CAUSED BY:		for (o). (b). ond (c).] rebral Hemor	rhage				INTE	RVAL BETWEET AND DE	ATH
	Conditions, if an gove rise to immedi (o), stoting the u cause lost.	ate cause									
	PART II. OTHI		ITIONS CO	ONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERM	INAL DISEAS	E CONDITION GIV	EN IN PA		9. WAS PERFO YES []	AUTOPSY ORMED?
		SE WAS TRIBUTING 20b	. DESCRI8	E HOW INJURY OCCURRED. (E	nter noture of injury in Por	l I or Port II	of item 18.)				
The Party of the P	20c. TIME OF INJURY Hour a. m. p. m.	Y Month, Day, Year	While	f	E OF INJURY (Home, form ry, street, office bldg., etc.		y or town)	(C	County)		(Stole)
			-	remains described about. Accident , Suid	ve, held an Autops cide [], Homicíde	_	nspection 🔀, ndetermined c	Inqu ause [iry 🔲	, and	find tha
	ACTUAL SIGNATURE	Joen	12	monely	_M.D. CHIEF MEDICAL EX					DATE S	SIGNED
	EXAMINER'S NAME (Type)	John M	ace	Jr.	ASSISTANT MEDICAL DEPUTY MEDICAL	- 15010	/-7	/58			7
2	20. BURIAL, CREMATION REMOVAL (Specify) Burial	3/22/58		Fork Neck C	emeters	Near	TION (City, town, o		d	(Stote	e)
2	J. J. Fra	mptom & S	on.	ADDRESS Federalsbur	240. REC'	MAR 2	RAR 24b. REGIS	TRAR'S S	IGNATU	PE	172

DATE

VS. A15ME(S)

5M 9/55

BUREAU V. E.

8361 88 AAM

BECEINED

N

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3265 CERTIFICATE OF DEATH

03228

1. PLACE C	OF DEATH NTY DOI	rchester		MARY	11	CTATE .	ence (who		lived. If institu b. COUNT	V 000	ches		on)
		utside corporate limit est town) ourg - Rur		c. LENGTH OF STAY	IN 1b				ote limits, write		jive near	rest town)	
d. NAM OR II	E OF HOSPITAL	(If not in hospitol, g Near Fir				d. STREET AD		Finchy	ille		•	ON A	FARM?
3. NAME (DECEAS (Type or	ED	Fire Albe		Middle Virg:	inia	Coll		4. DATE OF DEATH	M _{ar}	ch :	Day		rear 9 58
5. SEX Fema.	_		7. MARR	DIVORCE		une 22			9. AGE (In year) last birthday) 45 yrs	Months	1 YEAR Days	Hours	R 24 HRS. Min.
during	L OCCUPATION Lmost of working HOUSEWOI	life, even if retired)	lane 10b.	KIND OF BUSINESS O		Dorel	neste	r Co.,	untry) Maryla:		.S.A		COUNTRY?
13. FATHER		orge Evans					John						
15. WAS DI	ECEASED EVER II	N U. S. ARMED FOR	evice)	social security no 220–12–0157			Lins,	Feder	alsburg	, Mary	land	i RFI	
gave cause lying	ditions, if any, rise to imm (a), stating the cause lost. PART II. OTHER	pediote DUE TO	-	Spasity South Butting to DE	ATH BUT NO	dagen			CONDITION G	IVEN IN PART	T 1(o) 15	P. WAS A	AUTOPSY RMED?
OR CO	CCIDENT WAS I	UNDERLYING [] CAUSE OF DEATH DICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (1	inter nature of	injury in P	art I or Port	II of item 18.)			YES 🗌	NO 🚺
	ME OF INJURY Hour a.m. p.m.	Month, Day, Yea	While of war	NJURY OCCURRED Not while of work	20e. PLACE factory	OF INJURY (H	lame, farm, bldg., etc.	20f. (City	or tawn)	(C	County)		(State)
alive	an 2	l attended the	deceas _, 19_	- (-	Q⊋ → death ac		3:15P	2.M, fram	the causes reet, city or town	and an th			
	CIAN'S (Type)	Tio	hh	C.Ra	win	s M	D	71-81		Total	- Let		0.00
220. BURIA REMO	L, CREMATION, VAL (Specify)	March 5,		Cokesbury					ION (City, town, Federal		Ma	ryla:	
	remptom		Fede	ADDRESS	Marvla		240. REC'E	BY REGISTI		SISTRAR'S SIG	11		

3 AAM

HEALTH DERT

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the difficate, writing the ward "pending" in pendil is them. 18. Give Pages 1, 2, and 3 to the funer firector. Page 4 should be remarked to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retain or your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Spord of Health, or its designated agent, prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 03229 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

									Key. D	131. 146		
	OHIO			2.	USUAL RESID	ENCE (V	Vhere deceose	ed lived. If institu	tion: Resid	ence be	fore admission)	
Do Do	rchester		MARYL	LAND	o. STATE Maryland b. COUNTY Dorchester							
		#URAL	c. LENGTH OF STAY II	N 1b	c. CITY OR TO	OWN (IF	outside corp	orote limits, write				
			Life	1,	3 Car	nbr:	idge					
		If not in he	ospitol, give street oddress	1			1000	+			ON A FAI	RM?
NAME OF	Ei-	4.0	Ad Inhalla	UU_								, K
DECEASED (Type or print)S a				Con			OF DEATH			6		3
SEX /	6. COLOR OR RACE	7. MARR	IED T NEVER MARRIED	8. DA				9. AGE (In years				
Remale	Negro	WIDOWI	ED DIVORCED		ug. 3	, 10	385	72 yrs.	Months	Doys	Hours Min.	
H ouse	ng life, even it retired)	done 10b.	KIND OF BUSINESS OR II		Mary	ylar	nd	untry)			F WHAT COU	NTRY?
				14.	MOTHER'S MA	AIDEN N	IAME					
					Eli	izab	beth]	Pinder				
was DECEASED EV			. SOCIAL SECURITY NO.	-				Address				
No			no	Ja.	mes Co	nav	vay 3	Charle	s St	. C	ambric	lge
gove rise to imme (o), stoting the couse lost.	diote couse underlying DUE TO			BUT NOT I	RELATED TO TH	E TERMI	NAL DISEASE	CONDITION GIV	EN IN PAR		PERFORMED)?
200. EXTERNAL CAPRIMARY OF CO	USE WAS NTRIBUTING [] 20	b. DESCRIE	BE HOW INJURY OCCURR	RED. (Enter	nature of injur	y in Port	f or Port II o	of item 18.)				
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Yea	Whit	le Not while	e. PLACE O factory, s	F INJURY (Hon treet, office blo	ne, farm, dg., etc.)	20f. (City	or town)	(Co	unty)	(Sto	ste)
21. I certify t	hat I taak charge	of the	remains described	above,	held an A	utopsy	/ 🔲 , In:	spection 17.	Inquir	у П	and in	my
opinian death	resulted from: 1	Vatural	causes K. Accide	ent [],	Suicide [], +	łamicide	, Undete	rmined r	nanne	er 🗌	
ACTUAL SIGNATUREEXAMINER'S	Joen	- 22	week	. M.	ASSISTANT	MEDICA	AL EXAMINER				DATE SIGNE	5
				N 00 00-		DICALE		1/0/	/58			
REMOVAL (Specify	3/9/58								er county)		(Stote) Md.	
FUNERAL DIRECTOR												
	Cambr Cambr Cambr Cambr Cambr Cambr Cambr Char NAME OF HOSPIT Char NAME OF DECEASED (Type or print) S assex Cemale LUSUAL OCCUPATH Conditions, of workin PART 1. DEA 783./ Conditions, if of gove rise to imme (o), stoting the couse lost. PART II, OTI 200. EXTERNAL CAL PRIMARY or CO CAUSE OF DEATH. 201. I certify the opinian death ACTUAL SIGNATURE EXAMINER'S NAME (Specify, REMOVAL	o. COUNTY Dorchester b. CITY OR TOWN (If outside corporate limits, writh and give nearest fown) Cambridge d. NAME OF HOSPITAL OR INSTITUTION (5 Charles St. NAME OF DECEASED (Type or print) Salah Cathe SEX 6. COLOR OR RACE Remale Negro 1. USUAL OCCUPATION (Give kind of work and the county of the count	Dorchester b. CITY OR TOWN (If outside corporate limits, write BURAL and give nearest town) Cambridge d. NAME OF HOSPITAL OR INSTITUTION (If not in he bear less of the catherine sex sex sex sex sex sex sex sex sex se	Dorchester MARY! b. CITY OR TOWN (If owhide corporate limits, write BURAL conditions) Cambridge d. 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MARYLAND STATE MERING OF MERINH - SALTIMORE, I

BUREAU V. S.

MAR IS 1958

DECENTED

VS A15 (4) 15M 9/55 M

03230

PLACE OF DEATH	TECH 15	323	9	CERT	IFICAT	E OF DEAT	H		Reg. Dist	No.	
EURLA cond pive nearest lown) Cambridge Md. d. NAME OF HOSPITAL (I Prol in hospitol, give street oddress) d. STREET ADDRESS d. STREET ADDRESS 16 Light St. 16 Light St. 18 Light St. 18 NAME OF DEATH Morth Doy Year O'N ARRIED The Wollen Condon DEATH Morth Doy Year 11 19 58 SEX Female White Wholen Condon DEATH Morth Doy Heart Mar 11 19 58 SEX Female White Wholen Condon DEATH Morth Doy Heart Mar 11 19 58 SEX Female White Wholen Wholen Wholen Wholen Wholen Wholen Wholen Wholen Down Hown Man Baltimore Md. USA DISTANCE CONDOR RECE None Baltimore Md. USA Baltimore Md. DISTANCE CONDOR RECE None White Wholen Baltimore Md. DISTANCE CONDOR RECE None White Wholen Wholen Baltimore Md. White Wholen Wholen Wholen Wholen Baltimore Md. USA Wholen Baltimore Md. White Wholen Wholen Wholen Wholen Baltimore Md. USA Wholen Baltimore Md. USA Wholen Baltimore Md. USA Wholen Baltimore Md. White Wholen Wholen Wholen Wholen Wholen Baltimore Md. White Wholen Wholen Wholen Baltimore Md. White Wholen Wholen Wholen Baltimore Md. USA Wholen Baltimore Md. USA Wholen Wholen Wholen Baltimore Md. USA Wholen Baltimore Md. USA Wholen Baltimore Md. USA Baltimore M	PLACE OF D O. COUNTY			MAR	- 11	o. STATE					
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d. NAME OF HOSPITAL (If Fool in hospited, give street oddress) 3. NAME OF DECASED 3. NAME OF DECASED 3. NAME OF DECASED 3. NAME OF DECASED 4. DATE OF DECASED 5. SEX 5. SEX 6. COIOR OR RACE 7. MARRIED 8. DATE OF BIRTH 9. AGE (In years 11. 19 58 8. 7 yr. 10. USDAL OCCUPATION (Give laid of work done) 10. USDAL OCCUPATION (Give laid of work done) 10. SUNA OCCUPATION (Give laid of work done) 10. TAIMES NAME 11. AMERIES NAME 12. CITIZEN OF WHAT COUNTS 13. PARTIES NAME 14. MOTHER'S MADEN NAME 15. WAS DECASED VER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT NO 18. CAUSE OF DEATH (Enter only one course per line for (o), (b), and (c). 19. FART IL DEATH WAS CAUSED BY: 10. DUE TO CONDITION (Give laid of work done) 10. SOCIAL SECURITY NO. 10. SOCIA				27 Yrs.	1	3 Cambride	ge Md.				
16 Light St.	d. NAME OF	HOSPITAL (If not in hospital,	give street	oddress)					1144	e. 1	S RESIDENCE
DECEASED (Type or print) Mamile	OK 114311		t.			16 Light	t St.				
PART I. DEATH WAS CAUSED BY AND DEATH (Enter only one course per line for (o), (b), and (c).	DECEASED		rst		e		OF	200			- 10
Divorced Story S	S. SEX	6. COLOR OR RACE	7. MARI	IED NEVER MARR	RIED B. C	ATE OF BIRTH		9. AGE (In years			UNDER 24 HRS
HOUSEWITE NAME JAMES WOOLEN IS, WAS DECEASED EVER IN U. S. ARMED FORCES? IN. S. SOCIAL SECURITY NO. IT. INFORMANT NO IB. CAUSE OF DEATH [Enter only one course per line for (p), (b), and (d-1) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (p) CONDITION IN (b) Give rise to immediate correction, if only, which gave rise to immediate correction in the property of the under line for part in the property of the under line for the part in the par	Female	White	WIDOW	DIVORC	ED 🗍	9/13/70			Months	Days H	ours Min.
Housewife	10a. USUAL OC	CUPATION (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDUSTRY	11. BIRTHPLACE (Sto	te or foreign o	country)	12. CITIZ	ZEN OF W	VHAT COUNTR
13. FATHER'S NAME				Vone		Baltimo	ore Md.		II	SA	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT None Miss. Beatrice Condon Cambridge Md.	13. FATHER'S N	AME			1						al al
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT None Miss. Beatrice Condon Cambridge Md.	Jam	es Woolen				Mary I	E. Horr	nev			
No None Miss Beatrice Condon Cambridge Md	15. WAS DECEA	SEDEVER IN U. S. ARMED FO		SOCIAL SECURITY NO	O. 17. INFO		1102.		ress		
18. CAUSE OF DEATH [Enter only one couse per line for (e), (b), ond (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) CARCTNOMA LEFT PAROTTD AND GLANDS OF NECK 2 CONSET AND DEATH 3 CONSET AND DEATH 4 CONSET AND DEATH 4 CONSET AND DEATH 5 CONSET AND DEATH 6 CONSET AND DEATH 6 CONSET AND DEATH 7 CONSET AND DEATH 7 CONSE		(if yes, give wor or odies or	service)	None	Mis	ss. Beatric	Cond	on Caml	ari dee	Md.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? 20a. ACCIDENT WAS UNDERLYING CONSENSE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Enter nature of injury in Port I or Port II of Item 18.) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (Foctory, street, office bldg., etc.) of work of work of work of work of the course of the	PAF 142 Conditio gave ris cosse (o),	TI. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (DUE TO ns, if ony, which e to immediate stoting the under-))			AROTID AND	GLAND	s of neck		ONSET	AL BETWEEN AND DEATH
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While of work 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Stote) 21. I certify that I attended the deceased fram 11-5-46 , 19 , to 3-11-58 , 19 , that I last saw the decease alive an 3-9-58 , 19 , and that death occurred at M, from the causes and an the date stated above ADDRESS (Street, city or fown, stote) DATE SIGNIATURE ACTUAL SIGNIATURE ALIBERT E. BURKET, M. D. 200 Maryland Avenue PHYSICIAN'S NAME (Type) OCCURRED While of work 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 3/11/58 East. New Market Cemetery East. New Market Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR'S SIGNATURE	PAR	II. OTHER SIGNIFICANT CON							EN IN PART	1(a) 19. V	NAS AUTOPSY ERFORMED?
alive an 3-9-58 , 19 , and that death occurred at M, from the causes and an the date stated above ADDRESS (Street, city or lown, stote) ACTUAL SIGNATURE Albert E. Bunker; M. D. 200 Maryland Avenue PHYSICIAN'S OLD COLUMN Cambridge, Maryland 220. BURIAL CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 3/11/58 Fast New Market Cemetery East, New Market Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR'S SIGNATURE		OF INJURY Month, Day, Ye	While	Not while				y or town)	(Co	ounty)	(Stote)
Burial 3/11/58 East New Market Cemetery East New Market Md. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE	alive an ACTUAL SIGNATUR PHYSICIAN NAME (Typ	3-9-58 Albert E. I	12 Junker	M. D.	M.D	curred at 200	M, from ADDRESS (S) Maryl mbridge	m the causes of the treet, city or town, and Avenue, Marylar	ind an the state) 10 11		stated abav DATE SIGNI
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	REMOVAL	(Specify)	JF.								(Stote)
					Market						
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3240 CERTIFICATE OF DEATH Reg. Dist. No

e. IS RESIDENCE

Day

IF UNDER 1 YEAR IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO

> > (Stote)

(State)

Days

(County)

APR 1 0

DATE

Months

ON A FARM? YES NO

Year

19-5

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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PERSONAL PROPERTY.				
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		3267		CERTIF	ICA	TE OF D	EATH			Reg. D	ist. No		
1. !	PLACE OF DEATH COUNTY	rchester		MARYL	AND	O STATE	lary la		lived. If institution b. COUNTY	- 14	nce befo	dit.	ion)
	CITY OR TOWN (IF	outside corporate lim	its, write	c. LENGTH OF STAY IN	4 16	c. CITY OR TO	OWN (If ou	itside corpor	ate limits, write R	URAL and	give ne	arest town	n) 🗸
		mbridge		Lyr.9mo.12	das.	F	rince	ess An	ne	19	X - 2	4	
	OR INSTITUTION	AL (If not in hospitol, questern Shoi		oddress) ate Hospita	1	d. STREET AD	DRESS						FARM?
	NAME OF DECEASED (Type or print)	Fi Mary	st	Middle Elizabeti	h	by kes		4. DATE OF DEATH	Mon March		20		Year 19 58
5. 5	Female	6. COLOR OR RACE White	7. MARK	RIED NEVER MARRIED		5-8-70)		9. AGE (In years jost birthday)	Months Months	R 1 YEAR Doys	Hours	ER 24 HRS. Min.
100	. USUAL OCCUPATIO during most of work None	N (Give kind of work ing life, even if retired	done 10b.	KIND OF BUSINESS OR	INDUS		ce (Stote o		untry)		U.S.		COUNTRY
13.	John Mil	ler				14. MOTHER'S A			IS				
15. (Ye:	WAS DECEASED EVER	R IN U. S. ARMED FOR If yes, give war ar dates of t	CES? 16. ervice)	SOCIAL SECURITY NO.		IFORMANT	East	ern Sh	Addi ore Stat	7.1	spit	al	
	PART I. DEAT 422, Conditions, if ar gove rise to in	TH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO Dy, which n mediate	Ca Ch	ne for (o), (b). ond (c).] rdiac Failu ronic Ilyoca		is					INT	ERVAL BE	TWEEN DEATH
Z	lying couse lost.	ne under-	Ge	neral Arter			THE TERMS	TAL DISEASE	COMPUTION CIN		D7 1/-1	10 1445	ALITOREY
CERTIFICATION	20a. ACCIDENT WA	S UNDERLYING CAUSE OF DEATH		CRIBE HOW INJURY OC						EN IN PA	KI 1(0)	PERFO	PRMED?
MEDICAL CE	20c. TIME OF INJURY Hour a. m. p. m.	MEDICAL EXAMINER)	ar 20d. II While at wor	Not while	20e. PLA foc	CE OF INJURY (Hellory, street, office l	ome, farm, bldg., etc.	20f. (City	or town)		(County)		(Stote)
	21. I certify the alive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	125 DE		<u>ر.</u> الم	accurred at	7,50	M, fram ADDRESS (SI) Cac	the causes a set, city or town, come of the causes of the causes of the causes of the cause of t	ind on stole)	the do	ate state	ed above ATE SIGNED D-21-
-	FUNERAL DIRECTOR	3/23/	37	ADDRESS	la	ul pen	24a. REGY	NEW REGISTI	neces	1	Jen	4	md

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death: Poge 4 te funeral director, should be filed with TO FUNERAL COR: After this certificate hos been signed by the ottending physician and campletely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and the registror prior to burial, cremation, ar remayal, and in any event withing 72 hours after death.

VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	3268						Reg. Dist. I	No.
1. PLACE OF DE	Dorcheste	r	MARYLAND	2. USUAL RESIDENCE o. STATE Mar	Where decear yland	sed lived. If institu b. COUNT		0 1
b. CITY OR TO	WN (if outside corporate limits, write et lown) Lage	RURAL C.	12 yrs.	11	(If outside cor	porate limits, write	RURAL and give	neorest town)
	OSPITAL OR INSTITUTION (I			d. STREET ADDRESS				e. IS RESIDENCE ON A FARM?
	n Shore State	Hospita	aT	Perry	ville			YES NO
3. NAME OF DECEASED (Type or print)	William William	t .	Middle	Evans	4. DATE OF DEATH	March		y Year 19 58
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED 8	DATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER TYEA	
Male	White	WIDOWED		10/6/78x		79 yrs.	Manths Days	Hours Min.
during most of	UPATION (Give kind of work of working lite, even if retired) WORKER	-	o of Business or indust	RY 11. BIRTHPLACE (St		country)		S.A.
13. FATHER'S NA	ME			14. MOTHER'S MAIDEN				
Jeff	erison Evans	E		Margaret	Cancon			
	ED EVER IN U. S. ARMED FOI		CIAL SECURITY NO. 17. H	NFORMANT		Address		
Unknown	(1) yes, give wor or collect or	er volt)	•	Records Ea	astern	Shore Sta	te Hosp	ital
	F DEATH [Enter only one cau DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a)		(o), (b), ond (c).] Coronary occ]				IN	TERVAL BETWEEN NSET AND DEATH Instant
Conditions,	if any, which (b)	A	rteriosclero	sis				?
	the underlying DUE TO						P346	
Z PART	I. OTHER SIGNIFICANT CON	DITIONS CONTI	RIBUTING TO DEATH BUT N	OT RELATED TO THE TER	RMINAL DISEAS	E CONDITION GIV	EN IN PART 1(o)	19. WAS AUTOPSY
S Ps	ychesis with c	erebral	Larterioscle	rosis				PERFORMED?
PRIMARY D	OL CONTRIBUTING T	b. DESCRIBE HO	OW INJURY OCCURRED. (E	nter noture of injury in I	Port I ar Port II	of item 18.)		
20c. TIME OF		While	Not while at work 20e. PLA	CE OF INJURY (Home, fory, street, office bldg.,	orm, 20f. (City	y or town)	(County)	(State)
21. I certi	fy that I taak charge	of the rem	ains described aba	ve, held an Auta	psy [], I	nspectian 🔣,	Inquiry [, and find that
death res	ulted fram: Natural	causes 🌊,	Accident, Sui	cide [], Homici	de 🔲, U	ndetermined c	ause 🔲.	
ACTUAL SIGNATURE	Joen	mo		_M.D. CHIEF MEDICAL	MILES STREET			DATE SIGNED
EXAMINER'S NAME (Type		ace Jr.	. /	DEPUTY MEDICA				3/4/58
220. BURTAL, CRE REMOVAL (S	MATION, 22b. DATE THEREO	8 220	HAME OF CEMETERY OR	CREMATORY	22d. LOCA	TION (City, town, o	or county)	(State)
23. FUNERAL DIR	to de one f		ADDRESS Color	MA DATE	MAR 1 1	'58 24b. REGIS	TRAR'S SIGNAT	URE

VS. A15ME(5) 5M 9/55

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		Transit Territoria		and Chia
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MAR II 1958	0.0	O shreen traditional annival receptor regular		
ECENAL		33 (4.1)		
到以同一		Missien Solean		

9/58

ADDRESS

Cambridge Md.

23. FUNERAL DIRECTOR'S SIGNATURE

LeCompte Funeral Service

e. IS RESIDENCE

ON A FARM?

YES NO

Year

58 19

Min

Dorchester Co.

Day

IF UNDER 1 YEAR IF UNDER 24 HRS.

Hours

Days

Rea. Dist. No.

Month

Months

12. CITIZEN OF WHAT COUNTRY? USA Address Fishing Creek Md. INTERVAL BETWEEN ONSET AND DEATH hier PERFORMED? YES NO 19 (County) (State) 19 1 Athat I lost saw the deceased M, from the couses and on the dote stated obove. ADDRESS (Street, city or town, state) DATE SIGNED 22d. LOCATION (City, tawn, or county) (State) Cambridge Md. 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE MAR 2 6

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writing the cote, DEPUTY cute the VS. A15ME(5) 5M 9/55

24 hours

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MARTIAND STATE DEPARTMENT OF MEALTH-BALTHORE, MEDICAL EXAMINER'S CURTIFICATE OF DEATH

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4 may be retained by the haspital or attending physician. may be retained by the haspital or attending physician. D FUNERAL TACTOR: After this certificate has been signed by the attending physician and completely filled in page 3 shauld be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 3971

CEPTIEICATE OF DEATH

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	UIUS	1	CERTII	ICA	IL OI DEAL	"		Reg. Di	st. No		
1. PLACE OF DEATH					2. USUAL RESIDENCE (Vhere decease		on: Resider	nce befo	re admis	sion)
d. COURT	Dorchester		MARYL	AND	o. STATE Marvl	and	b. COUNTY	Dore	hor	ton	
b. CITY OR TOWN	(If outside corporate lim	its, write	c. LENGTH OF STAY I	V Ib	c. CITY OR TOWN (I	September 199	orote limits, write R				n)
RURAL ond give					V						
	Cambridge ITAL (If not in hospital, s	rive street	entire lif	e	d. STREET ADDRESS	idge		-		SC DE	CIDENICE.
OR INSTITUTION	l	give sincer	oudiess)		0. SIKEEI ADDKESS					ON A	SIDENCE A FARM?
	Glasgow Nu	rsing	Home		Rural					YES	NO
NAME OF DECEASED	Fi	rst	Middle		Lost	4. DATE	Mon	th	Do	у	Year
(Type or print)	Marga	eret	Condo	n	Greenwell	DEATH	March 1	1 194	5.2		19
. SEX			RIED NEVER MARRIED		. DATE OF BIRTH		9. AGE (In years				ER 24 HRS.
Fomolo		WIDOWI			30 3 dd/		lost birthdoy)	Months	Days	Hours	Min.
Female	White	1		— [,]	une 10,1884 RY 11. BIRTHPLACE (SIO	a an familian a		112 (17	FIZENI C)F \40143	COUNTRY
during most of wo	rking life, even it refired)	KIIAD OL BOSIIAESS OK	1140031	KI II. BIKITII DACE (SIO	e or roreign c	.cominy)	12. CI	IIZEIN C	JE WHAI	COUNTRE
Homemaker	2				Cambrid				U.	S.	
B. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME					
	John Condon				Priscil	la					
S. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT		Add	ress			
Yes, no. or unknown)	(It yes, give war or dates of s	ervice)		TO	177- 0	-77 0 -		77.0			
	ATH [Enter only one co	use see lie	- for (a) (b) 1 (a) 3	اجلعا	lyde Greenw	elleua	moriage, R	- Mad	1		
									ON	ERVAL BE	DEATH
TAKI I. DE	ATH WAS CAUSED BY:	Co	renary esel	usic	n				1	5min	utes
420.1	DUE TO								9 15		
Conditions, if		Ar	terioselero	tic	cardio vasc	ular r	enal dise	ase	1	O ve	ars+
gave rise to cause (a), stating	immediate (40414					
lying cause last		Ar	teriosclero	sis	generalized				1	0	
					OT RELATED TO THE TER	AINIAI DICEAC	E COMPITION CIV	ENT INT DAD	T 1/-1/1	O ye	AUTORY
			STATE OF THE SECTION		TO REDATED TO THE TERM	MINNE DIGENS	SE COMBINON ON	EIN IIN FAR	1 1(0)	PERFC	DRMED?
2										YES	NO 🗹
PART II. OT 20g. ACCIDENT W OR CONTRIBUTION (IF EITHER, NOTIF	AS UNDERLYING CAUSE OF DEATH	20b. DESC	CRIBE HOW INJURY OC	CURRED.	(Enter nature of injury in	Part I or Par	rt II of item 18.)				
	Y MEDICAL EXAMINER)	-									
20c. TIME OF INJU		or 20d. It	NJURY OCCURRED 2	Oe. PLA	CE OF INJURY (Home, fa	m, 20f. (City	y or town)	{(County)		(Stote)
Hour a. gr.	19	While at worl	Not while	racto	ory, street, office bldg., e	tc.)		_			
				F-0			•				
21. I certify t	hat I attended the				, 19, to						
alive on	3-10-58	, 12	, and that a	leath (occurred at 10:0	My from	m the causes a	nd on t	he da	te state	ed above
7	C10.0	41	13000	14.7			treet, city or town,				ATE SIGNE
ACTUAL SIGNATURE	larida	ETT	wolf	- u	o. 15 Locust	Stree	t Cambri	des	Ma	3	-12-5
	1		()()		.pwex.legtalea.x			عدوعديد	JESKE.		
PHYSICIAN'S NAME (Type)	Eldridge 1	H. Wo	lff. M.D.								
	ON, 226. DATE THEREC										
REMOVAL (Specify	1)		22c. NAME OF CEMET	EKY OR	CREMATORY		TION (City, town, o			(Stot	e)
Burial	Mar. 13, 19	158	Catholic (hun	shward	Secr	cetary, Md.	•		1	
3 JUNERAL DIRECTO			ADDRESS		24a. REG	D BY REGIST		1	GNATU	RE	
MALLINTI	A. K. OTIA	1.11 16	A. Combraide	16	2 2	MAD 1 7	158 1000	4 . 4	110/	0	

MARYLAND STATE DEPARTMENT OF HEALTH-PARTIMORE, 18

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MARYLAND	STATE DEPARTMENT	OF	HEALTH-BALTIMORE,	18
3272	CERTIFICATE	OF	DEATH	R

03239

			a.	P101; 110:
1. PLACE OF DEATH o. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Where o. STATE	b. COUNTY	ence before admission)
-b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) rural Cambridge	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If out	side corporote limits, write RURAL one	d give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION Eastern Shore State Hospit		d. STREET ADDRESS R. D. # 1	241-	e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF DECEASED (Type or print) EdiTh	- Middle	IFFITA	4. DATE Month OF DEATH WALLA	Day Year 8 1958
5. SEX 6. COLOR OR RACE 7. MARRI WIDOWE	ED NEVER MARRIED	B. DATE OF BIRTH 0 < 7 2 9 18	lost birthday) Months	ER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired) House work at Home	KIND OF BUSINESS OR INDU None	Somer Mery La	set county	USA
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
Alexander Murrell		Mary Elle	n Jones	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no. or unknown) (If yes, give wor or dates of service)	SOCIAL SECURITY NO. Mr	Eastern Shore	cGrath -R. # State Hospital re	l Eden, Md.
Conditions, if any, which gove rise to immediate cause (a), stating the under-lying cause last. DUE TO DUE TO (b) DUE TO				
PART II. OTHER SIGNIFICANT CONDITIONS CONDIT	ONTRIBUTING TO DEATH BU	FNOT RELATED TO THE TERMINA	al disease condition given in PA	ART I(o) 19. WAS AUTOPSY PERFORMED? YES NO
	RIBE HOW INJURY OCCURRI	D. (Enter nature of injury in Par	rt I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Hour o. jt. While of work	_ Not while _ fo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
ACTUAL	S, and that death	accurred at 215A	M, fram the causes and an DORESS (Street, city or town, state)	the date stated above. DATE SIGNED
PHYSICIAN'S Thomas J. Dredg		M.D. <u>E.D.D.HOSDI</u>	tal, Cambridge, M	a. March 8,195
220. BURIAL CREMATION, 226. DATE THEREOF Mar. 11,1958	22c. NAME OF CEMETERY C		2d. LOCATION (City, town, or county) Allen, Maryl	
23. FUNERAL DIRECTOR'S SIGNATURE HOLLOWAY & COMPANY - S	ADDRESS SALISBURY MA		BY REGISTRAR 246 REGISTRAR'S S	/

BUREAU V. R. 8361 ST 9AM

executed within 24 haurs after death.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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8261 7 AAM:			OF ASSESSED LABOUR
BECEINED		to signification of the	THE RESERVE TO SERVE THE PROPERTY OF THE PERSON OF T
	The state of the s	Li regouveni	

3243

Dorchester

d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION

Negro

Clarence Hill 15, WAS DECEASED EVER IN U. S. ARMED FORCES?

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o)

during most of working life, even if retired)

Day Laborer

Conditions, if ony, which

gove rise to immediate

couse (a), stoting the underlying cause lost.

20c. TIME OF INJURY

alive on

ACTUAL

NAME (Type)

REMOVAL (Specify)

Hour o. m.

200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

220. BURIAL, CREMATION, 22b. DATE THEREOF

Cambridge-Maryland Hospital

100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OF

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]

DUE TO

DUE TO

Day, Year

21. I certify that/I attended the deceased from

(b)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEA

First

6. COLOR OR RACE 7. MARRIED NEVER MARRIED

Noah

b. CITY OR TOWN (If outside corporate limits, write

RURAL ond give neorest town)
Cambridge

PLACE OF DEATH

NAME OF

Male

5. SEX

(Type or print)

13. FATHER'S NAME

No

CERTIFICATE OF DEATH

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RAS ECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director.	shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with	listrar priar to burial, crematian, or remaval, and in any event within 72 haurs after death.

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OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page d by the haspital or attending physician. TO FUNER

Burial	LIBIC.	11 9,1	.300	16 061 200	rg cemete
3. FUNERAL DIRECTOR'S SIG J.J.Framptom			Feder	ADDRESS	Maryland

0		•	Reg. Dist. No	
MARYLAND	II - CTATE -	ere deceosed lived. If institution land b. COUNTY	Dorches	
s, write c. LENGTH OF STAY IN 16		utside corporate limits, write RI	URAL and give ne	arest town)
1 day	^	ock - Rural		
ive street oddress) nd Hospital	d. STREET ADDRESS Pete	ersburg		e. IS RESIDENCE ON A FARM? YES NO NO
it Middle	Last	4. DATE Mon	ih De	y Year
vlademir	Hill	DEATH March	5	19 58
7. MARRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years lost birthday)	IF UNDER 1 YEAR	IF UNDER 24 HRS.
WIDOWED DIVORCED	November 16.	1907 fost birthday) 50 yrs.	Months Days	Hours Min.
lone 10b. KIND OF BUSINESS OR INDI	JSTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY
Continental Can	Co. Dorchest	er Co., Maryla	nd U.S	.A.
	14. MOTHER'S MAIDEN N	IAME ·		
	Delia Jo	lley		
CES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Addr		
117-14-9091	Mrs. Delia Hil	1, Hurlock, Ma	ryland,	R.F.D.
use per line for (o), (b), and (c).]	PNEUMO	NA	INT	ERVAL BETWEEN SET AND DEATH
DITIONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	nal disease condition giv	EN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
20b. DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in I	Port I or Port II of item 18.)		
	LACE OF INJURY (Home, form octory, street, office bldg., etc.		(Caunty)	(State)
deceased from 3 / 4	, 190 å, ta h accurred at3:30 I	3 /5 , 19 0 P.M. fram the causes a		aw the deceased
E. Hunly		ADDRESS (Street, city or town, 5 CHUR	state)	ST. DATE SIGNER
E.GUNBYJ	R CAN	1 BRID	GE.	MD.
F 22c. NAME OF CEMETERY	OR CREMATORY	22d. LOCATION (City, town, o	or county)	(Stote)
1958 Petersburg	Cemetery	Near Hurlock	, Maryla	ind
ADDRESS Manage Manage	24o. REC'	MARREGISTRAR 246. REGIS	TRAR'S SIGNATU	RE

DATE

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMO	
324 MEDICAL EXAMINER'S CERTIFICATE OF DEA	Reg. Dist. No.
2 ISSIAL BESIDENCE (Where deceased lived	If Institution, Residence before admission)

1. PLACE OF DEATH	rchester		MARYLANI	2. USUAL RESIDENCE o. STATE Mar	Where deceose yland	ed lived. If institu b. COUNT	Y	7	ster
b. CITY OR TOWN (outside carporate limits, writ	e RURAL	c. LENGTH OF STAY IN 18		U	orote limits, write	-		200
cembri			60 Yrs.	/3 Cambri	dge. N	Id.			
		If not in hos	spital, give street address)	d. STREET ADDRESS					e. IS RESIDENCE
145 Rpp	leby Ave.			145 App	leby A	ve.			YES NO
3. NAME OF DECEASED (Type or print)	Otto	st	Middle H •	Hoge	4. DATE OF DEATH	Month Mar ch		Day 12	Yeor 19 58
5. SEX	6. COLOR OR RACE	7. MARRI	ED MEVER MARRIED			9. AGE (In years	IFUNDER	IYEAR	IF UNDER 24 HRS.
Male	White	WIDOWE		2/2/82		76 yrs.	Months	Days	Hours Min.
100. USUAL OCCUPATION during most of working Manuf a	ON (Give kind of work to life, even if retired)	done 10b. I	ind of Business or INDU	o. Minnes	te or fareign a	ountry)		ZEN OF	WHAT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN					
Willi.	am F. Hog	e		Eliza	Fisch	er			
15. WAS DECEASED EV {Yes, no, or unknown}	ER IN U. S. ARMED FO (If yes, give war or dates of			INFORMANT Earl Hoge	Camb	Address	Md.		
18. CAUSE OF DEA	TH [Enter only one co	se per line			- Contract			INTERV	AL BETWEEN
PART I. DEA	TH WAS CAUSED BY:	Car	onary occlu	sion				ONSE	2 min
1120.1	DUE TO		011011	01011					
Conditions, If a		Arte	eriosclerot	ic C.V. dis	Sease				2
gove rise to immed (o), stoting the cause lost.	diote couse								
PART II. OTH			ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART		. WAS AUTOPSY PERFORMED?
	JSE WAS NTRIBUTING []	b. DESCRIB	E HOW INJURY OCCURRED.	(Enter noture of injury in P	ort I or Part II	of item 18.)	8		
20c. TIME OF INJUI Hour o. m. p. m.	RY Month, Day, Yes	White	1.	ACE OF INJURY (Home, fo clory, street, office bldg., e	rm, 20f. (City	or lown)	(Cou	nty)	(Stote)
21. I certify th	at I taak charge	af the	remains described ab	ave, held an Autap	osy 🔲, In	spectian K.	Inquir	у П,	and find that
death resulted	fram: Natural	causes 🛭	Accident , S	vicide [], Hamicio	de 🔲, Un	determined o	ause 🔲	9.53	
ACTUAL SIGNATURE	free	2	erry	M.D. CHIEF MEDICAL	_				DATE SIGNED
		Mace	Jr.	ASSISTANT MEDICA			13/58	3	
22g. BURIAL, CREMATIC REMOVAL (Specify)	3/11/5	0 F	Dorchester			ION (Cily, lown,	1000		(State)
23. FUNERAL DIRECTOR Le Comp te	-///	Servi	ice ADDRESS ambri	dge, Md 240. RE	C'D BY REGISTI		STRAK'S SIG		
				PAIL					

VS. A15ME(5) 5M 9/55



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MUDICAL EXAMINER'S CERTIFICATE OF DEATH

TO DEPUTY MERICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please VS. A15ME

5M 2/57

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OR STATE			ME	DICA	L EXA	MINER'	S CERTI	FICAT	E OF	DEAT
LTH DEPT.		PLACE OF DEATH o. COUNTY DO	orchester	9		MARYLAND	2. USUAL RE O. STATE	Mary]		ed lived. If b. CO
Heoliff,		ond give negres (own) Cambri		RURAL		of stay in th	« city o	R TOWN (IF	outside corp	
67		d. NAME OF HOSPITA Cambridge	e Md. Hos	pita.	pital, give stre		/d. STREET R.F.	ADDRESS		
he State er death		NAME OF DECEASED (Type or print)	Thomas		enry	Middle e Horsm	18 n	st	4. DATE OF DEATH	Mar
ours off	5.	Male	6. COLOR OR RACE White	7. MARRIE		MARRIED	B. DATE OF BIRT	26. 1	865	9. AGE (In ye lost birthday)
12 L	100	during most of working Harmer	DN (Give kind of work of g life, even if retired)	done 10b. K	ind of Busin	NESS OR INDUS	TRY 11. BIRTHP	aryla		ountry)
direction of the second	13.	Darius E	lorsman				14. MOTHER'S	MAIDEN N		ohes
any ev	15. [Yo	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s	RCES? 16.	SOCIAL SECU		on, Pow		orse	Ad V
a, ar removal, a		904.7 Conditions, if on gove rise to immed (o), stating the u cause last.	liote cause		ebra]	Vascu	ler Ac	ciden	t	
O emotion	CERTIFICATION		ure neck				NOT RELATED TO	THE TERMIN	NAL DISEASE	CONDITION
91.01.01.01.01.01.01.01.01.01.01.01.01.01	CERTIFI	200. EXTERNAL CAU PRIMARY Or CON CAUSE OF DEATH.		b. DESCRIBE	HOW INJUR		Enter noture of in	njury in Port	l or Port II	of item 18.)
09	MEDICAL	3 Hour a.m.	Y Month, Day, Yeo 3/9/58 19	While		ile faci	CE OF INJURY (lory, street, office rsing }	Home, form, e bldg., etc.)		or town)
ant, pri	1		at I taok charge resulted from: N			scribed obc	ve, held on		ш.	spection?
gnated age		ACTUAL SIGNATURE	Jon	- 2	no	- J	M.D. CHIEF /	MEDICAL EXA	AMINER 🗌	
ifs design	220	EXAMINER'S NAME (Type)				F CEMETSAY OR	DEPUTY	MEDICAL EX		3/
sti po	23. V 1	Burial blactor Toughby	3/15/S s signature Funeral	8	Mas	nely	tal		BY REGISTA	effect

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

H Rea. Dist. No. institution: Residence before admission) Dorchester write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO Month Year ch 13 1958 IF UNDER TYEAR IF UNDER 24 HRS. Months Days Hours Min. yrs. 12. CITIZEN OF WHAT COUNTRY? USA ienna, Md. RFD. INTERVAL BETWEEN ONSET AND DEATH lo hrs. GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO K (County) (State) Dor. Md Inquiry 🗍 and in my determined monner DATE SIGNED 240. REC'D BY REGISTIAN 246. REGISTRAR'S SIGNATURE MAR 1 7 '58

MARYCAND STATE DEPARTMENT OF HEALTH-SATUMORE - MEDICAL EXAMINER'S CERTIFICATE OF DRATH

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VS A15 (4) 15M 9/55

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Reg Dist No

0017	32.0.1.1.10.		Reg. D	ist. No.
1. PLACE OF DEATH a. COUNTY Dorchester	MARYLAND	2. USUAL RESIDENCE (Where decease o. STATE Maryland	sed lived. If institution: Reside b. COUNTY	ence before admission)
b. CITY OR TOWN (If outside corporate limits, wri RURAL and give nearest town) rural Cambridge	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carp	porate limits, write RURAL and	give nearest tawn)
d. NAME OF HOSPITAL (If not in hospitol, give strong institution Eastern Shore State Hos		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Sidney/	Monsellost 4. DATE OF DEATH	1	Day Year
M	NARRIED NEVER MARRIED OF DIVORCED	8. DATE OF BIRTH OCT 26 1906	9. AGE (In years IF UNDE last birthday) 5 yrs. Manths	R 1 YEAR IF UNDER 24 HRS Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	IOb. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or foreign	country) 12. C	ITIZEN OF WHAT COUNTR
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		
Thomas B. Jones		Lottie Harris		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no. or unknown] (If yes, give war or dates of service)		stern Shore State	Hospital reco	rds
18. CAUSE OF DEATH [Enter only one cause por PART I. DEATH WAS CAUSED BY. HMMEDIATE CAUSE (a) Canditians, if any, which gave rise to immediate cause (a), stating the under-	Broncha-	Preumo	nia	INTERVAL BETWEEN ONSET AND DEATH
Part II. OTHER SIGNIFICANT CONDITION	NS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PA	RT 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in Port I ar Po	ort II of item 18.)	
Hour a. n. WI	d, INJURY OCCURRED hile Not while wark ot wark	ACE OF INJURY (Home, farm, ctary, street, affice bldg., etc.)	ty or town)	(Caunty) (State
ACTUAL SIGNATURE PHYSICIAN'S Thomas I Drodo	258, and that death	M.D. E.S.S.Hospital	om the causes and on Street, city or town, state), Cambridge,	the date stated above DATE SIGN Id. 3-11-58
220. BURIAL CREMATION, 22b. DATE THEREOF	22c, NAME OF CEMETERY O	Shore State Hospi	ATION (City, town, or caunty)	
23. FUNERAL DIRECTOR'S SIGNATURE	Dr. Michaels	Md., DATE MAR 1	STRAR 24b. REGISTRAR'S S	

the funeral directar, should be filed with ofter death. Page 4 ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs R ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 to by the hospital at attending physician.

RECTOR: After this certificate has been signed by the attending physician and campletely filled Pages 1 page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. the registrar prior to burial, cremation, or removal, and in any event within 72 haurs affer death. TO HOSPITAJ may be red TO FUNERAL

VS A15 (4) 15M 9/55 MARYLAND STATE DEPARTMENT OF HEALTH- SALTIMORE, T

CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

03247

LOCATION (City, town, or county)

25. FUNERAL DIRECTOR'S SIGNATURE

Mardela Springs.

ADDRESS

(Stete)

Reg. Dist. No..... 2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH Dorchester Maryland COUNTY Wicomico COUNTY MARYLAND (If outside corporete timits, write RURAL CITY (II outside corporate fimits, write RURAL and give nearest town) LENGTH OF STAY (in this placa) and give nearest town) Mardela Springs days TOWN TOWN Cambridge HOSPITAL OR STREET (Il rural give location INSTITUTION OR ADDRESS Cambridge Hospital Bridge STREET ADDRESS (Middle DATE (Month) (Day) (Yeer) 3. NAME OF (Last) DECEASED (Type or Print) Lloyd Arthur Thomas 58 19 SEX COLOR OR SINGLE, MARRIED. 8. DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS WIDOWED, DIVORCED, White Days Months Hours 4-29-1888 69 Male 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 11, BIRTHPLACE (Stata or loreign country) OR INDUSTRY COUNTRY? done during most of working life, even if Maryland retire Monuments -owner Stone USA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME Lida Venables John Lloyd 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT & ADDRESS 16. SOCIAL SECURITY NO. Virginia Robinson, Mardela Springs (II Yes, give wer or detas of sarvice) (Yes, no, or unk.) No ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH OBAR PNEUMONIA. 4190 X IMMEDIATE CALISE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO (County) 21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, larm, fectory, OF INJURY street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (City or town) (Stete) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. TIME OF INJURY (Month) (Dey) (Yaer) 21a. INJURY OCCURRED 211. HOW DID INJURY OCCUR? (Hour) While Not while et work at work 5, 19.50, that I last saw the deceased 22. I hereby certify that I attended the deceased from... alive on...3 .M. from the causes and on the date stated above death occurred at...

NAME OF CEMETERY OR CREMATORY

Mardela

DIRECTOR: The law requires that the death certificate assembly shou FUNERAL 1-55 10M A15C

23. BURIAL, CREMATION,

Buria.]

24. REC'D BY REGISTRAR

DATE

REMOVAL (SPECIFY)

MAR 1 7

DATE THEREOF

3-16-58

REGISTRAR'S SIGNATURE

ET RECORDINATE DEPARTMENT OF REALTH-EALTHOUGH TAXE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03249

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Day

USA

Md.

(County)

INTERVAL BETWEEN ONSET AND DEATH

de

WAS AUTOPSY PERFORMED? YES NO Z

(State)

DATE SIGNED

(State)

ON A FARM? YES NO TO

Year

19

Min.

Hours

deoth? hours MARYLAND SYATE DEPARTMENT OF HEALTH—SALTIMORE, 18
00.02.18 CERTIFICATE OF DEATH

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Easton, Md.

DATE APR 2

VS A15 (4) 15M 9/55

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VS A15 (4) 15M 9/S5 I

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3277 CERTIFICATE OF DEATH

03251

	01311		CERTIFICA	TIE OI DEATI	•		Reg. Dist. I	No.	J J . J.		
I. PLACE OF DEATH				2. USUAL RESIDENCE (WI	nere deceased		n: Residence b	efare admis	sion)		
	chester		MARYLAND	o. STATE Mary]	and	b. COUNTY	Dorche	ester			
	If outside corporate limits,	write c	LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							
RURAL and give n	ridge	7	vrs. 15 days	13 Cambr	idge						
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, give	street od		d. STREET ADDRESS	d. STREET ADDRESS						
	ern Shore St	tate	Hospital	/ 117 F	lace St	reet		ON A FARM?			
NAME OF	First		Middle	Last	4. DATE OF	Manti	1	Day	Year		
(Type or print)	Rolle	0		Meekins	OF DEATH	Marc		23	19 58		
SEX			NEVER MARRIED	B. DATE OF BIRTH	1	9. AGE (In years					
Molo		VIDOWED	and the second second second	September 16	- 00	(ast birthday)	Manths Day		Min.		
Male	14177.00			STRY 11. BIRTHPLACE (State			12. CITIZEI	N OF WHA	I COUNTRY		
during most of wor	king life, even if retired)						7.11	S.A.			
Barber Barher's NAME			-	Maryland			0	.D .A .			
	77 20 - 1-1-1										
	W. Meekins	52 14 50	OCIAL SECURITY NO. 17.	Lavenie	WILLIE	Addre					
(es, no, or unknown)	(If yes, give wor or dates of servi				(1)			24.7			
no	-			RECORDS: East	tern or	nore Stat					
	ATH [Enter anly ane caus							NTERVAL B	DEATH		
PART I. DEA	ATH WAS CAUSED BY: IMMEDIATE CAUSE (a)_	C	ardiac Failw	. 6							
400.0	DUE TO										
Conditions, if a	ony, which)	C	bronic Arter	iosclerotic He	art Di	sease					
gave rise to i	mmediate (DUE TO		112 01120 112 0011	repeated and the	, , , ,						
lying couse lost.	the under-	C	eneral Arter	iogalomogie							
	(c)_				NIAL DISTASS	CONDITIONS	21 12 1 2 2 2 1/	110 1445	ALITOREY		
PARI II. OI	HER SIGNIFICANT CONDI	HONS CO	NIKIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PAKE I(C	PERF	ORMED?		
PART II. OT	AS UNDERLYING 20 G CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCRI	IBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Part	II of item 18.)					
20c. TIME OF INJUS Hour o. m.	RY Month, Day, Year	20d, INJU		ACE OF INJURY (Hame, farm clory, street, office bldg., etc.		or tawn)	(Caur	nty)	(State)		
p. m.	19	at work [ot wark								
21. I certify th	nat I attended the d	eceased	fram May	, 1957, to	mar.	23, 1958	that I last	saw the	decense		
alive on M	1ar. 2-3	105		accurred at 10,30	AA from	the source or	al on the	d-44-b	-d -L		
4		/	2, and mar dean			eet, city or town, s			ATE SIGNE		
ACTUAL &	Hino Por	7:1	Chair	Carto.	-1	C. S. S.	137	2/2	(2 02		
SIGNATURE	ANO DE	100	GUI-L	M.D	199	2004 (07)	ag 1	000	2-2-42		
PHYSICIAN'S NAME (Type)	FTORE	DE	FILIPPIS		Len	hidge	au	<i>e</i> .			
BURIAL, CREMATHE		58	22c. NAME OF CEMETERY C	or CREMATORY Churchen	Chill	ON (City, town, or	county)	Sm	le)		
B. FUNERAL DIRECTOR	'S SIGNATURE	. /1	ADDRESS	240. R6C	D BY REGISTR	AR 24b REGIST	RAR'S SIGNA	TURE			
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BURIANG 8. 1958		STATE OF THE STATE
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VS A15 (4) 15M 9/55

ATTENDING PHYSICIAM: The law requires that the death certificate be executed within 24 hours after death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3249

CERTIFICATE OF DEATH

Reg. Dist. No.

03252

1. PLACE OF DEATH o. COUNTY	Dorchester		MARYLAND	Dorenester								
RURAL and give n	(If outside corporate limiterest town) Cambridge	ts, write	c. LENGTH OF STAY IN 16 entire life	c. CITY OF	town (If Cambr		ate limits, write R	URAL and	give nea	srest town)	
OR INSTITUTION	TAL (If not in hospitol, g ambridge—Ma			d. STREET		ay Stre	et				IDENCE FARM? NO	
3. NAME OF DECEASED (Type or print)	Fin Wilbu		Middle Hiram	Meeki	nd nd	4. DATE OF DEATH	Mor Ma:	reh 7	,195	8	Year 19	
5. SEX Male	6. COLOR OR RACE White	7. MARR	RIED NEVER MARRIED DIVORCED DIVORCED	Jan.5,1		5	P. AGE (In years last-birthday) yrs.	IF UNDER Months	1 YEAR Days	Hours	R 24 HRS. Min.	
10a. USUAL OCCUPATION during most of wor Clerk AC	ON (Give kind of wark of king life, even if retired) Me Food Mar	ket	KIND OF BUSINESS OR INC	OUSTRY 11. BIRTHI	PLACE (Stote	or foreign cou	untry)	12. CI	U.		COUNTRY?	
13. FATHER'S NAME	Richard F	.Meel	kins	14. MOTHER COT		NAME Andrew	vs					
15. WAS DECEASED EVE (Yes, no, or unknown) NO	ER IN U. S. ARMED FOR (If yes, give wor or dates of se	CES? 16.		INFORMANT Mrs.Rosal	ie B.	Meekins	Add 3,115 Ga		,Can	brid	ige,Md	
15 /Ce	the under- DUE TO (c)	DITIONS C	CONTRIBUTING TO DEATH BI					/EN IN PAR	T 1(o) 1	9. WAS /	RMED?	
200. ACCIDENT WOOD OR CONTRIBUTION (IF EITHER, NOTIFY 20c. TIME OF INJURY HOUR of p. m.	MEDICAL EXAMINERY		Not while	PLACE OF INJURY factory, street, offi	(Home, form	m, 20f. (City o		(1	County)		(Stote)	
21. I certify the alive on	agt attended the	decease 19	ed from 1/2/ , and that dea	th occurred a	12;45	JNI, ITOIN	the causes o	and on t		e state	deceased above.	
220. BURIAL CREMATIC REMOVAL (Specify) Burial	Mar.9,19		22c. NAME OF CEMETERY East New Ma		etery		ON (City, town, o		,Md.	(Stote	e)	
23. FUNDRAL DIRECTOR	etti R. c	Hio	ADDRESS Cambrid	ge,Md.	24o. REC	D BY REGISTR		STRAR'S SIG		E		

CERTIFICATE OF DEATH THE PROPERTY OF STREET

MEDICAL EXAMINER'S CERTIFICATE OF DEATH crematian Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) PLACE OF DEATH a. COUNTY b. COUNTY Dorchester MARYLAND Maryland Caroline b. CITY OR TOWN (If outside corporate limits, write RURAL c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) c. LENGTH OF STAY IN 16 and give nearest town) 7mo 18 days Preston 05 lvr Rural Cambridge. Md. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Eastern Shore State Hospital YES NO PE NAME OF DECEASED 4. DATE Middle Last Year 19 58 March (Type or print) DEATH Melvin Hynson 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. Months 77 yrs. White 1880 Male WIDOWED | DIVORCED I 10g, USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 20 during most of working life, even if retired) pup Pe pages 1 and Delaware Farmer U.S.A. may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages 1, age 5 ma Esther Draper John Melvin 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (If yes, give wor or dates of service) Give RECORDS: Eastern Shore State Hospital 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Calcific aortic stenosis Unknown IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which Cardiac hypertrophy Unknown alang gave rise to immediate cause DUE TO (a), stating the underlying cause last. "pending" in liner's Office of PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19, WAS AUTOPSY ö PERFORMED? Contusion of occipital region of head. NO F 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING STATES 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) Exami should Fell. striking head on sharp edge of iron bed. Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 120f. (City or town) 20c. TIME OF INJURY (County) (Slate) writing the we hief Medical E OR: Page 3 shi foctory, street, office bldg., etc.) While Not while Dorchester. Md. 1958 of work at work Rural 21. I certify that I took charge of the remains described above, held an Autopsy (X), Inspection Inquiry . and find that to the Chief / DIRECTOR: P death resulted fram: Natural causes X, Accident X, Suicide \, Hamicide \, Undetermined cause \ M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER ACTUAL DATE SIGNED SIGNATUR farwarded to D FUNERAL I ASSISTANT MEDICAL EXAMINER Alfred R. Maryanov, M.D. ASSIST DEPUTY MEDICAL EXAMINER NAME (Type) 229 BURIAL, CREMATION, 226. DATE THEREOF 22d LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 0 Near Goldsboro . Md. 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR AR REGISTRAR'S SIGNATURE VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

SEEL TE HAM

VS A15 (4) 15M 9/55 棚

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

3279 CERTIFICATE OF DEATH

Reg. Dist. NO. 3254

1. PLACE OF o. COUNT	Y	orchester	Co.	MARYL	- 11	USUAL RESID	ence (Wh		l lived. If instituti b. COUNTY				
b. CITY OF	R TOWN (If	outside corporate limi	ts, write	c. LENGTH OF STAY IN	4 1Ь	c. CITY OR T	OWN (If o	outside corpor	rote limits, write F				
Todo	dville	Md.		Life		Todo	dvill	e Md.					
d. NAME	OF HOSPITA	AL (If not in hospital, g	ive street	oddress)		d. STREET A					е	IS RES	IDENCE
OK III		Toddville	Md.			Too	dvil	le Md.					FARM?
3. NAME OF		Fir	st	Middle		Lost		4. DATE	Mor	nth	Day		Year
(Type or p		Victoria		Robinson	1	Meredit	th	DEATH	March		5.		19 58
5. SEX	I STANK	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED		ATE OF BIRTH			9. AGE (In years	IF UNDER			
Female	9	White	WIDOW	ED DIVORCED	0 1	877			last birthdoy) 80 yrs.	Months	Days	Hours	Min.
100. USUAL C	OCCUPATIO	N (Give kind of work	done 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPL	ACE (Stote	or foreign co	untry)	12. CIT	IZEN OF	WHAT	COUNTRY
None	IOSI OI WOIKI	ing me, even it remed		None		Todd	ville	Md.			USA		
13. FATHER'S	NAME				1	4. MOTHER'S				100	ODIL		
1	Willia	am T. Mered	lith			13970	Emily	Robin	son				
	EASED EVER		CES? 16.	SOCIAL SECURITY NO.	17. INFO					ress			
No	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	r yes, give wor or during or s		None	Fr	ed Rob	inson	Т	oddville	e Md.			
18. CAU	SE OF DEAT	TH [Enter only one co	use per li	ne for (o), (b), and (c).				0 -					TWEEN /
P.		H WAS CAUSED BY:	, (ercer	-	ma	, 6	end	~		ONSE	TAND	DEATH /
150	6.1	DUE TO											
Condit	ions, if on	y, which) (b	,										
	rise to im o), stoting t	mediote (1 200	1973					
	ouse lost.) (c)										
NO P	ART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	H BUT NO	T RELATED TO	THE TERMI	NAL DISEASE	CONDITION GIV	EN IN PART	T 1(o) 19.	WAS A	AUTOPSY
2											711		NO DE
O (IL FIIHE	TRIBUTING	UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	CURRED. (E	nter noture of	injury in f	Port I or Port	II of item 18.)				
	OF INJURY or o. m. p. m.	Month, Day, Yes	20d. I While of wor	Not while	0e. PLACE foctory	OF INJURY (F , street, office	lome, farm bldg., etc.	20f. (City	or town)	(C	County)		(State)
21. 1 6	ertify the	at I attended the	deceas	ed from		192/	. to 2	11	1058	that I I	ast say	v the	deceased
alive o		,7/5	. 19	7	leath ac	curred at		M from	the causes of				
		V/ 700	3	> .					eet, city or town,		- duit		TE SIGNED
ACTUAL	JRE		76	Bull	M.D.	10	41	100	CLST		31	6/	58
PHYSICIA NAME (T	AN'S	WHHA	-2	KS MO		0,	4-4-1	BRI	D6E-	H	d		
220. BURIAL,	CREMATION	, 22b. DATE THEREC	F	22c. NAME OF CEMET	ERY OR CE	EMATORY	1 142	22d. LOCAT	ION (City, town,	or county)		(Stote	e)
Buria		3/7/58		Dorcheste	r Mem	Park	1111	Cambr	idee o	1	Mal		
23. FUNERAL				ADDRESS			240. REC:	D BY REGISTI		STRAR'S SIG	NATURE	16.6	HILL.
LeComp	te Fur	neral Servi	ce	Cambridge 1	Md.		DATE	W. 181 1	W.A.				

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SERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b c. FUTY OR TOWN (If butside carporate limits, write RURAL and give nearest town) pe RUNAL and give neares town) ploods 611 6 d_NAME OF HOSPITAL (If not in haspital, give street address) d. STREET ADDRESS IS RESIDENCE OF INSTITUTION ON A FARM? YES NO 7 NAME OF 4. DATE First Middle Month Year DECEASED OF DEATH (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 8. DATE OF BIRTH 9 AGE (In years blast birthday) IF UNDER I YEAR IF UNDER 24 HRS .age Months Days Haurs WIDOWEDT 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? MONE LOGOVEN 13. FATHER'S NAME A 14. MOTHER'S MAIDEN NAME MKNOWN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT 01 MGLIda 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO Z 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) (County) (State) Hour a. n. Nat while factory, street, office bldg., etc.) at work at work p. m. 21. I certify that I attended the deceased from I Muse De , 1957, that I lost sow the deceased and that death occurred at 3 _M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22a. BURIAL, CREMATION, 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) OC2 41 17 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24o. REC'D BY REGISTRAR 24b_REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

MARKITAND STATE DEPARTMENT OF REALTH - BALTIMORE, 18

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1. PLACE OF DEATH a. COUNTY MARYLAND 1. PLACE OF DEATH a. COUNTY MARYLAND D. COUNTY MARYLAND 1. PLACE OF DEATH a. COUNTY MARYLAND D. STATE D. STATE D. COUNTY D. STATE D. COUNTY D. C. CITY OF TOWN (If outside corporate limits, write RURAL and give ROBAL and give prearest lown) A. NAME OF ROSPITAL (If not Mospital, give street address) OR INSTITUTION Markland D. STREET ADDRESS 3. NAME OF DECEASED (Type or print) D. C. CITY OF TOWN (If outside corporate limits, write RURAL and give prearest lown) Maryland C. CITY OF TOWN (If outside corporate limits, write RURAL and give prearest lown) A. STREET ADDRESS 3. NAME OF DECEASED (Type or print) Month D. STATE D. DATE OF DEATH P. AGE (In years limits) Month D. DEATH D. AGE (In years limits) Month D. COLORIOR RACE Month DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED DIVORCED D. STATE D. STATE D. COLORIOR RACE D. COLORIOR RACE D. Markled D. Month D. Mont	02055
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d. NAME OF PROSPITAL (If not Mospital, give street address) OR INSTITUTION 3. NAME OF DECEASED (Type or print) 6. COLOGIOR BASE 7. MARRIED NEVER MARRIED 8. DATE OF BIRYAL WIDOWED DIVORCED 7. MOSPITAL (If years in birtiday) WIDOWED DIVORCED 11. SIREMPACE (Stole or foreign country) 100. USDAL OCCUPATION (Give kind of word doope 10b. KHOP OF BUSINESS OF INDUSTRY 11. SIREMPACE (Stole or foreign country) 13. FATIFER'S NAME 14. MOSPHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. TRIPORMANT (16. Year, not arrunhamm) (If yea, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one cause per Jine for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ve nearest town)
DECEASED (Type or print) S. SE) 6. COLONOR PACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTY 9. AGE (In years for burled by year) 100. USDAL OF CUPATION (Give kind of work done) 100. USDAL OF CUPATION (Give kind of work done) 100. USDAL OF CUPATION (Give kind of work done) 100. USDAL OF CUPATION (Give kind of work done) 100. USDAL OF CUPATION (Give kind of work done) 100. USDAL OF CUPATION (Give kind of work done) 100. USDAL OF CUPATION (Give kind of work done) 100. USDAL OF CUPATION (Give kind of work done) 100. USDAL OF CUPATION (Give kind of work done) 11. BIRTHMARCE (Stole or foreign country) 12. CMD 13. FATVER'S NAME 14. MOTHER'S MAIDEN NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. MATORMANT 16. SOCIAL SECURITY NO. 17. MATORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8%: IMMEDIATE CAUSE (a). 16. SOCIAL SECURITY NO. 17. MATORMANT 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	e. IS RESIDENCE ON A FARM? YES NO
100. USDAL OCCUPATION (Give kind of work dope 10b. ELED OF BUSINESS OF INDUSTRY 11. BIRTHEFACE (Stole or foreign country) 12. CHO during frost of working life, even if resided) 11. BIRTHEFACE (Stole or foreign country) 12. CHO during frost of working life, even if resided) 11. MOTHER'S MAIDEN MOTHER SMAIDEN MOTHER SMAIDE	2 // Year 2 // 1958
13. FATHER'S NAME 13. FATHER'S NAME 14. MORHER'S MAIDEN LIGHT 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. METERORMANT 16. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a).	YEAR IF UNDER 24 HRS. Doys Hours Min.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. PREPARANT (Yes, no. or unknown) (If yes, give wor or dates of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a). OR OF OUR OF OUR OF OUR OF OUR OF OUR OUT OF OUR OUT	OF WHAT COUNTRY?
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PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Corousty arty artery Thrombon	tery ma
4.20.1 DUE TO	ONSET AND DEATH
Conditions, if any, which) (b) (lile core or Tour	
gave rise to immediate cause (a), stating the <u>under-lying cause last.</u> DUE TO (c)	
PART II. OTHER SIGNIFIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	1(0) 19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while at work at work at work 20c. TIME OF INJURY (Hame, form, 20f. (City or town) (Ca	ounty) (State)
21. I certify that attended the deceased from 0/19, 19, 15, to 2/2/2, 19, 19, 19, 19, 19, 19, 19, 19, 19, 19	ast saw the deceased e date stated above.
ACTUAL SIGNATURE ACTUAL SIGNATURE ADDRESS (Street, city or town, stole) ADDRESS (Street, city or town, stole)	3 DATE SIGNED
PHYSICIAN'S NAME (Type) NO. H. HANICS CALIBRIDGE	112
224 BURIAL CREMATION. 22b, DATE THEREOF 220 NAME OF CHMEYERY OR CHEMATORY 22d. LOCATION (City, John, or county) REMOVAL (Specify) 3 24 5 0 000 000 000 000 000 000 000 000 00	20 (State)
23. FUNERAL DIRECTOR'S SIGNATURE 246. REGISTRAR 246. REGISTRAR 246. REGISTRAR 3 1 158 REGISTRAR 3 1 15	MATURE

CERTIFICATE OF BEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

DEPARTMENT L

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		325	2 CERTIFIC	CATI	OF DEATH	1	R	leg. Dist. N		3408
1. PLACE OF DEATH o. COUNTY Dor	chester	Go.	MARYLANI		USUAL RESIDENCE (WED. STATE	nere deceased lived	L COLINITY	Residence bef		
b. CITY OR TOWN (If au	tside carporate limi		c. LENGTH OF STAY IN 11	ь	c. CITY OR TOWN (IF o	autside carporate li				
RURAL and give neares			1 Day	13	Cambridge	Md.				
d. NAME OF HOSPITAL		jive street		1	d. STREET ADDRESS					SIDENCE
Cambridge N	d. Hospi	tal		1	108 Race St					A FARM?
3. NAME OF DECEASED (Type or print)	fi Margar	st	Middle Ruark		lost Pearson	4. DATE OF DEATH	Month Mar.		Day	Year 19 58
5. SEX 6.			RIED NEVER MARRIED	7 B. D/	TE OF BIRTH	9. AC		UNDER 1 YEA		
	Thite	WIDOW			/30/1900	57	t birthday) N	Manths Days	Hours	Min.
10a. USUAL OCCUPATION (during most of working	Give kind of work	dane 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State	ar fareign country		12. CITIZEN	OF WHA	T COUNTR
None	me, even ir renred	'	None		Lakesvi	ille Md.		USA		
13. FATHER'S NAME				14	MOTHER'S MAIDEN N					
Forney	Ruark					Alverta	White			
15. WAS DECEASED EVER IN		CES? 16.	SOCIAL SECURITY NO. 17	. INFOR	MANT		Address			
No	s, give wor or oures or s	ervice)	None	Vi	rginia P. N	Miller	Arline	ton Va		
Canditions, if any, gave rise to immocase (a), stating the lying cause last.	ediate ()	Treph	in	elesor	· ·		ON	Je	DEATH
PART II. OTHER PART II. OTHER 20a. ACCIDENT WAS U OR CONTRIBUTING D (IF EITHER, NOTIFY MET		SEL.	CONTRIBUTING TO DEATH B					IN PART 1(a)	PERF	ORMED?
	CAUSE OF DEATH DICAL EXAMINER)	200. 003	CRIBE TROVE INJURY OCCUP	KALD. (LI	ner nature at injury in t	TOTAL TOTAL	nem is.,	~		
20c. TIME OF INJURY A	Month, Day, Ye	or 20d. Il While at war	_ Not while _	PLACE (factory,	OF INJURY (Hame, farm street, affice bldg., etc	.) 20f. (City or to	wn)	(Caunty)	(State)
21. I certify that alive on	I attended the		ed from and that dec	oth occ	urred ot 20		causes and city or town, sto	on the de	ate stol	
220. BURIAL, CREMATION, REMOVAL (Specify) Burial	3/31/58)F	22c. NAME OF CEMETERY Dorchester			22d. LOCATION		ounty)	(Sto	ite)
23. FUNERAL DIRECTOR'S SI			ADDRESS	1.1(-)11		D BY REGISTRAR			JRE	

Cambridge Md.

DATE APR 2

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LeCompte Funeral Service

TO HOSPITAL

VS A15 (4) 15M 9/55

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VS A1S (4) 15M 9/55

ARYLAND	STATE	DEPARTMENT	OF	HEALTH-BALTIMORE,	18

3253 CERTIFICATE OF DEATH

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LeCompte Funeral Service

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						keg. Dist. I	10.	
1. PLACE OF DEATH			2. USUAL RESIDENCE (\	Where deceased	lived. If institution	on: Residence be	efore admiss	ion)
	orchester Co.	MARYLAND	Md		B. COUNTY	Dorche	ster (0.
b. CITY OR TOWN (I RURAL and give no	If outside carporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I	f outside corpo	rate limits, write R	URAL and give	nearest town	1)
Cambridge		6 Weeks	X Fishing	Creek M	rd.			
OR INSTITUTION	AL (If not in hospital, give street	address)	d. STREET ADDRESS				e. IS RES	SIDENCE FARM?
Cambridge	e Md. Hospital		Fishing	Creek	Md.			NO T
3. NAME OF DECEASED	First	Middle	Last	4. DATE	Mon	th	Day	Year
(Type or print)	Jermiah	M.	Phillips	DEATH	Mar.		37.	19 58
5. SEX	6. COLOR OR RACE 7. MAR	RIED NEVER MARRIED	B. DATE OF BIRTH		9. AGE (In years	IF UNDER 1 YE	AR IF UND	ER 24 HRS
Male	White WIDOW		10/21/80		last birthday) 77 yrs.	Months Day	s Hours	Min.
100. USUAL OCCUPATIO	ON (Give kind of work dane 10b.	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Sto	ite ar foreign ca	ountry)	12. CITIZEN	OF WHAT	COUNTR
Bridge Ten	king life, even if retired)	Bridge Tender	Golden H	in Ma		USA		
13. FATHER'S NAME		riago ronder	14. MOTHER'S MAIDEN			I USA		
John	n Phillips		Marry Day	nada a sa				
		SOCIAL SECURITY NO. 17.	Mary Bu	rton	Addr	'Att		
(Yes, no, or unknown)	(If yes, give wor or dates of service)			71 177 1				
No I	m. fr.		rs. Jermiah	Phillip	s Fish	ing Cre		
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ATH [Enter only one cause per li	ine for (a), (b), and (c).]	<	7/	0	0	NTERVAL BE	DEATH
TAKI I. DEA	IMMEDIATE CAUSE (a)	arceno	ulo o	100m	ach		60 m	400
151X	DUE TO							
Conditions, if a						3		
gave rise to it	mmediate (
lying cause last.	(c)							
Z PART II. OTH	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1(a)	19. WAS	AUTOPSY
PART II. OTH							PERFO	RMED?
E OO ACCIDENT MA	AS LINDERLYING TI 20b. DES	SCRIBE HOW INJURY OCCURRE	D /Fnter nature of injury i	n Port I or Port	II of item 18.1		1152	МОП
OR CONTRIBUTING	CAUSE OF DEATH	Jemor How Hooki Occount	D. TEMEL HOIDIE OF HIDITY		11 01 110111 10.1			
		INJURY OCCURRED 20e. PL	ACE OF INJURY (Hame, fa	200 45%				
20c, TIME OF INJUR Hour o. m. p. m.	White	Not while fa	clory, street, office bldg., e		or town)	(Count	y)	(State)
₹ p. m.	19 at wor	rk at wark	0.21				-(1)	
21. I certify th	at Lattended the deceas	sed fram ///	, 19 <u>5</u> 7, ta_	21	3/ 1955	that I last	saw the	decease
alive an	2/3/ 19.	55, and that death	accurred at 1:23	A.M. fram	the causes a			
0	11 700	,			reet, city or town,			KTE SIGNE
ACTUAL SIGNATURE	Waste	uke	M.D. 104	40	CLEST	-	4/	1/5
	1.0		0	1		1		
PHYSICIAN'S NAME (Type)	YOH HANK	5	(au	6710	10	Med		
220. BURIAL, CREMATIO	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCAT	ION)(City, town, a	r county)	(State	e)
REMOVAL (Specify) Burial	4/2/58	Hoosier Chur	ch Cemeter	Fich	ing Cree	lr.	Md.	
23 FUNERAL DIRECTOR	SIGNATURE	ADDRECC	The state of the s	CID DU DECIST	704 05016	TRADIC CLOSUA	7105	

Cambridge Md.

THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

FOR STATE DEPT. HEALTH

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 haurs after death. If any delay is necessary, please execute the difficate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be granded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, an its designated agent, prior to burial, cremation, ar removal, and in apprevent within 72 haurs after death.

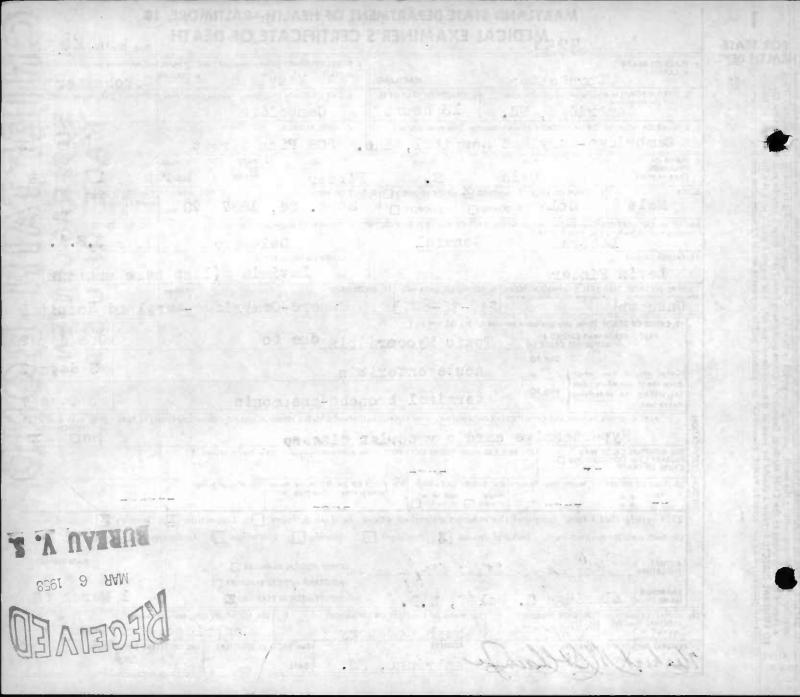
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 325 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	(1)	20	F 4	1
Reg.	Dist.	26	9:	1

1. PLACE OF DEATH	D		a CTATE		rtian: Residence befare admission)
t ciny on rough	Dorchester	MARYLAND	Mar	yland	Dorchester
and give nearest town	outside corporate limits, write RURAL	c. LENGTH OF STAY IN 16		f autside carporate limits, write	RURAL and give nearest town)
	nbridge, Md.	13 hours	13 Cambr	1d ge	
	AL OR INSTITUTION (If not in		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
ACAMAN Validad	ige-maryiand	Hospital, Inc	0. 508 Pi	ne Street	YES NO 💢
3. NAME OF DECEASED	First	Middle .	Last	4. DATE Monti	
(Type or print)	Otis	S.	Pinder	DEATH Mar	ch 1 19 58
5. SEX Male	6. COLOR OR RACE 7. MA	RRIED NEVER MARRIED B	Sept. 26	9. AGE (in years lost birthday)	Manths Days Haurs Min.
					12 (2775) 65 (4775)
		b. KIND OF BUSINESS OR INDUST	KT II. BIKIMPLACE (Sigle	ar tareign country)	12. CITIZEN OF WHAT COUNTRY?
	aborer	General		elaware	U.S.A.
13. FATHER'S NAME	70.1		14. MOTHER'S MAIDEN		
	Pinder		1		name unknown)
(Yes, no, or unknown)	ER IN U. S. ARMED FORCES? [If yes, give wor or dates of service]	16. SOCIAL SECURITY NO. 17. #		Address	Value and the
Unknown		217-10-8013	Record-C	Cambridge -Ma:	ryland Hospital
	TH [Enter only and couse per			-	INTERVAL BETWEEN ONSET AND DEATH
	TH WAS CAUSED BY: IMMEDIATE CAUSE (0)	Toxic Myocard	itis due t	0	One day ?
571.1	DUE TO				
Conditions, if a		Acute enteri	tis	co-	3 days ?
gove rise to imme		6 2 2 1			
couse lost.) (c)	terminal bro			3 days &
PART II. OTH				INAL DISEASE CONDITION GIV	(EN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
Hy	pertensive of	cardio vascula	# disease		YES NO
PART II. OTH Hy 200. EXTERNAL CO PRIMARY OF CAUSE OF DEATH.	NIKIBUTING LI	RIBE HOW INJURY OCCURRED. (E	nter nature of injury in Par	t I ar Part II of item 18.)	
3 20c. TIME OF INJU	RY Month, Day, Year 2	Dd. INJURY OCCURRED 20e. PLACE	CE OF INJURY (Home, form	n, i 20f. (City or tawn)	(Caunty) (State)
20c. TIME OF INJU		Vhile Not while facto	ary, street, affice bldg., etc	•••	
		ne remains described aba	ve. held an Autaps	v . Inspection X	Inquiry [4], and in my
		ol causes 🕱 Accident [The second of th
1	^ ^				
ACTUAL SIGNATURE	- Palrides.	Hildoll -	CHIEF MEDICAL EX	XAMINER []	DATE SIGNED
SIGNATURE	range	11	_M.D. ASSISTANT MEDIC	AL EXAMINER	
EXAMINER'S H	ldridge H. V	Volff, M.D.	DEPUTY MEDICAL	EXAMINER 🔣	1 March 58
220. BURIAL, CREMATIC REMOVAL (Specify	N, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY	22d. LOCATION (City, town,	or county) (State)
Burial	3/5/1958	Waugh Cemet	cery	Cambridge.	Maryland
23. FUNERAL DIRECTOR	S SHOMATHERE	ADDRESS		D BY REGISTRAR 246. REGIS	STRAR'S SIGNATURE
negherk	11 Ot Claus	Scambridge,	Md. DATE	150 000	
	0 ~ /		1110		



3280 CERTIFICATE OF DEATH Reg. Dist. No(13261) PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY. MARYLAND unerol b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 0 d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES NO NAME OF Middle 4. DATE Lost Month DECEASED OF DEATH 195 (Type or print) 9. AGE (In years last birthday) IF UNDER I YEAR IF UNDER 24 HRS. 5. SEX COLOR OR RACE 7. MARRIED T NEVER MARRIED 8. DATE OF BIRTH Months Hours Min. WIDOWED T DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 14. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service empuour 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) 422, DUE TO Conditions, if ony, which ! gave rise to immediate DUE TO cosse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY PERFORMED? YES NO M 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day, Year 20d. INJURY OCCURRED (County) (Stole) factory, street, office bldg., etc. Hour a. m. While Not while of work of work p. m. RAL 15 1955 that I last saw the deceased 21. I certify that I attended the deceased from, and that death occurred at 7225 A.M., from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED PHYSICIAN'S NAME (Type) 22g. BURIAL CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) EMETERY 0 23. FUNERAL DIRECTOR'S SIGNATURE, ADDRESS 24g. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATE MAR 1 9 FASTON,

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH Rea. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a COUNTY b. COUNTY Dorchester Co. MARYLAND Md. Dorchester Co. b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest town) Mos Cambridge Md. Cambridge Md. d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Glasgow Convalescing Home 408 Washington St. YES NO TK NAME OF 4. DATE Middle Month Day Yeor DECEASED OF DEATH Elliott (Type or print) Mamie Shorter 58 Mar. 19 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthdoy) IF UNDER 1 YEAR IF UNDER 24 HRS. Days Hours Min WIDOWED | DIVORCED [168 90 Female White YES 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? None None Bishops Head Md. USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Elliott Caroline Wingate IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Audrey Blazek Cambridge Md. No None 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (g) DUE TO Conditions, if any, which gove rise to immediate DUE TO couse (a), stoting the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(g) 19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) foctory, street, office bldg., etc.) a.m Not while of work at work 21. I certify that I attended the deceased fram that I last saw the deceased alive an and that death accurred at ____ M, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL PHYSICIAN'S 3 NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) Buria Dorchester Mem. Park Cambridge 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE LeCompte Funeral Service Cambridge Md.

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CERTIFICATE OF DEATH

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	9	1200	OLIVI		TIL OI DI				Reg. Dist. N	o.	
1. PLACE OF DEATH					2. USUAL RESIDE	NCE (Wh	nere deceased I		n: Residence be	fore odmiss	ion)
	chester C	2.	MAR	YLAND	o. STATE	Md.		b. COUNTY	Dorche	ster	Co-
b. CITY OR TOWN (If	outside corporate limi		c. LENGTH OF STAT	IN 1b	c. CITY OR TO	WN (If a	outside corporo	te limits, write RL			
Cambridge			l Dav		XCambrid	ve F	RFD # 2				
d. NAME OF HOSPITA		ive street	A		d. STREET ADD		<u> </u>			e. IS RES	IDENCE
OR INSTITUTION	lge Md. Ho	spi ta	7		Cambri	dge	RED #	2			FARM?
3. NAME OF	Fir		Middle	e	Lost	20x	4. DATE	Mont	h I	Day	Yeor
(Type or print)		vГ _	Edward		Slacum		OF DEATH	Mabe		,	19 58
5. SEX	6. COLOR OR RACE		RIED TO NEVER MARR	IED 🗆 8	B. DATE OF BIRTH		9.	AGE (In years	IF UNDER 1 YEA	2	
Male	White	WIDOW		-	8/11/76			lost birthdoy)	Months Days	Hours	Min.
100. USUAL OCCUPATION	(Give kind of work	done 10b.		OR INDUS		E (Stote	or foreign cou	0.1.	12. CITIZEN	OF WHAT	COUNTRY
during most of working	ng life, even if retired) _	arming					hester C	717	SA	
13. FATHER'S NAME		1 E	at muit		14. MOTHER'S M			nester o	0 0	SA	
Walla	m E. Slac	1779			Co	77	Widesh.	ath Call			
15. WAS DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	D. 17. IN	IFORMANT	<u> VIIV</u>	ETTZSO	eth Sell			
2.00	yes, give war or dates of s		lana	3.6	C		C7	0	. 7 TOTA	D // 0	
NO 18. CAUSE OF DEAT	H (Fater only one se		one		rs. Gertr	nore	Stacum	Camor	idge RF	TERVAL BE	TMEEN
	H WAS CAUSED BY:	ose per m	ne 101 (0), (0), and (c)	(.1	O members	, _	77/2		01	NSET AND	DEATH
1/2	IMMEDIATE CAUSE (ronary	74	42 (C 12 C	-	HRO	MBOSI	2	1. a. a.	1-1
420,	DUE TO		A	-						7 .	/-
Conditions, if on gove rise to im	mediate		PRTER	-5C	LO720	575				,	
cotse (o), stoting th											
lying couse lost.) (0		CONTRIBUTING TO DE	A THE DEST	LOT OF LATES TO T	In The said				Isa was	
PARTITION OTHER	A SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DE	EATH BUT	NOI KELATED TO TH	1E TERMI	NAL DISEASE (CONDITION GIVE	N IN PART 1(0)	PERFO	RMED?
S VIVE	THIN	201 055	C470 K	1-1	Cecy G		mee	165		YES 🗌	NO 🔼
PARTITION OTHER	CAUSE OF DEATH SEDICAL EXAMINER)	200. DES	CRIBE HOW INJURY (CCURRED). (Enter nature of i	njury in I	rort I or Port II	I or item 18.)			
20c. TIME OF INJURY	Month, Doy, Ye		NJURY OCCURRED	20e. PLA	CE OF INJURY (Hotory, street, office b	me, form	, 20f. (City o	r town)	(Count	y)	(Stote)
Hour o. m. p. m.	19	While of wor	k of work		ory, meet, orner b	og., are.	"				
21. I certify the	t Lattended the	deceas	ed from 2/-/	9	1958.	ta	3/2.	19,55	that I last	saw the	decease
alive on	7/2	. 19	m - 7	t death	accurred at	30	M. fram	the causes a			
1	1 5000				_			et, city or town, s			ATE SIGNE
ACTUAL SIGNATURE	1	tore	ecks		10	1	LOC	455	57	7 37	13/+
	.1.11	1)					
PHYSICIAN'S NAME (Type)	V. 1+ +	140	SK5		C	41	1321	168	40		
220. BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREC	F	22c. NAME OF CEA	AETERY OF	CREMATORY	-131	22d. LOCATIO	ON (City, town, o	r county)	(Stote	e)
Burial	3/4/58	355,00		Steel	s Neck			ester Co		Md	
23. FUNERAL DIRECTOR'S			ADDRESS		2	to. RECT	DAY REGISTRA	R 24b. REGIS	TRAR'S SIGNAT	URE	
LeCompte Fur	eral Serv	ice	Cambridge	Md.	0	ATE		- CO	is edi!	1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL: CTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director, O FUNERAL CTOR: After this certificate has been signed by the attending physician and campletely filled in the formal director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 7 shauld be filed with the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3282

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	orchester		MARYLA	ND	usual residence (v o. State Maryl	and	b. COUNTY	Dor	ches	ter	
b. CITY OR TOWN (RURAL ond give n	If outside corporate lim earest town)	its, write	c. LENGTH OF STAY IN	1b	c. CITY OR TOWN (II	f outside corpo	rote limits, write f	RURAL and	give nec	rest town	1)
	a - Rural		31 years	X		la – Ru	ral				
OR INSTITUTION	Steele ¹ s		_	1	d. street Address Steel	e's Ne	ck Road			e. IS RES ON A YES	FARM?
3. NAME OF DECEASED (Type or print)	Don:	nie	Middle		lost Smith	4. DATE OF DEATH	Mor Mar		Do 4	,	Year 19 58
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	□ B. D/	ATE OF BIRTH		9. AGE (In years lost birthdoy)	IF UNDER	Doys	IF UNDI	ER 24 HRS.
Female	Negro	WIDOW	-	13	ugust 15,1		56 угз.		Doys	Hours	Min.
10o. USUAL OCCUPATION during most of wor	king life, even if retired	done 10b.	Home	INDUSTRY	Franklin						COUNTRY
13. FATHER'S NAME	74.45		0.116	14	MOTHER'S MAIDEN		TITTE		J.S.	A. •	
Josh	na Hampton				Unknown						
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INFOR			Add	ress		- W.	
(Yes. no. or unknown) No	(If yes, give war or dates of s	service)	214-28-1678	Geo	rge Mason.	Vienna	a. Maryla	nd. I	R.F.	D	
PART I. DEA 4443 X Conditions, if o gove rise to i couse (o), stoting lying couse lost.	ATH WAS CAUSED 8Y: IMMEDIATE CAUSE (cony, which mediate the under-		feart La High B	loo	d Pres	sure			i		leete
CATI			CONTRIBUTING TO DEATH	Was	u Fux	ul		VEN IN PAR	RT 1(o) 1	PERFO	RMED?
	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (Er	nter nature of injury in	n Port I or Pari	t II of item 18.)				
20c. TIME OF INJUR Hour o. m. p. m.	RY Month, Day, Ye	ar 20d. II While of wor	Not while	e. PLACE (factory,	OF INJURY (Home, for street, office bldg., e	rm, 20f. (City	or town)	(County)		(Stote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	nat I attended the	J (eath acc	, 19 7, to pour red at 5 P	• M, fran	n the causes of reet, city or town,	and an t	last so he dat	e state	deceased ad abave ATE SIGNE
220. BURIAL, CREMATIC REMOVAL (Specify) BULLAL	March 1					Rhod	lon (City, town, lesdale,	or county) Mary	Land	(Stote	e)
23. FUNERAL DIRECTOR J.J.Frampto		Fede	aralsburg, M	aryla:	nd 24a. REG	C'D BY REGIST	0 158 C	STRAR'S SI	GNATUR	EL	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page may be referred by the hospital or attending physician.

TO FUNERAL RECTOR: After this certificate has been signed by the attending physician and campletely filled in the funeral director page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 hougs after death. VS A15 (4) 15M 9/SS

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HEALTH DEPT.

O DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necessary, please execute the liftcate, writing the word "pending" in pencil in flem, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be awarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files. O FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Goard of Hagilth, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death. \$1

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/S. A	15ME	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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D.L.			-	_	

9,300	Keg, Dist.	NO.
1. PLACE OF DEATH o. COUNTY Dorchester MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence a. STATE Maryland b. COUNTY Dorc	before odmission) hester
b. CITY OR TOWN [If outside corporate limits, write RURAL and give nearest town]	c. CITY OR TOWN (If autside carporate limits, write RURAL and give	e nearest town)
Cambridge Life	/3 Cambridge, Md.	
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) 218 Cedar St.	/ d. STREET ADDRESS 218 Cedar St.	e. IS RESIDENCE ON A FARM? YES NO [8]
3. NAME OF First Middle (Type or print) George W.A. Stanl	Losi 4. DATE Month D. OF DEATH March 6	y Yeor 1958
5. SEX Male 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8 Negro WIDOWED DIVORCED	8. DATE OF BIRTH Oct. 4, 1890 9. AGE (In years lost birthday) 67 yrs. If UNDER 1YE	AR IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN	OF WHAT COUNTRY?
Laborer Farming	Maryland US	A
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
John Stanley	Martina Young	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? [Yes, no, or unknown) Iff yes, give wor or dolen of service) 16. SOCIAL SECURITY NO. 17. III	NFORMANT Address rue Pinder 211 Cedar St. Cam	hridge Ma
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlu Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse last. Coronary occlu DUE TO Conditions, if any, which (b) DUE TO Couse last.		nset and death Mins.
PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO CONTRIBUTION OF CONTRIBUTIO		19. WAS AUTOPSY PERFORMED? YES NOTE
	Enter nature of injury in Port I or Port It of item 18.)	
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour a, m, P. m. 19 While Not while of work	CE OF INJURY (Home, form. 20f. (City or tawn) (County) lory, street, office bldg., etc.)	(State)
21. I certify that I toak charge of the remains described abo opinion death resulted fram: Natural causes . Accident [_, and in my
SIGNATURE Jun Mines	_M.D. CHIEF MEDICAL EXAMINER	DATE SIGNED
EXAMINER'S NAME (Type) Dr. John Mace Jr.	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINERS 3/7/58	
220. BURIAL CREMATION, REMOVAL (Specify) 3/8/58 22c. NAME OF CEMETERY OR Salem Come:		(Stote)
73. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Herbert StClair Cambridge, Md.	240. REC'D BY REGISTRAR DATE MAR 1 2 '58 CU LEGUEL	JRE .

MARYLAND STATE DEPARTMENT OF HARDY - NOTIMORE.



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 03265MEDICAL EXAMINER'S CERTIFICATE OF DEATH 4 should be cremotion Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) PLACE OF DEATH a. COUNTY Dorchester b. COUNTY MARYLAND Maryland Queen Anne buriol, Poge b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town Crumpton Cambridge 0 d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 16 Eastern Shore State Hospital YES NO NO NAME OF Middle DATE Last Month Day Year DECEASED OF DEATH Carrie Rebecca (Type or print) Story 1958 March Por 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months Days Hours White WIDOWED X Female DIVORCED [yrs. 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? puo Maryland U.S.A. Dressmaker 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME pages Thomas Ware Lucinda Anderson Poges Poge 5 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. File RECORDS - Eastern Shore State Hospital Give PM3. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: with form Terminal pneumonia IMMEDIATE CAUSE (o) week **DUE TO** Canditions, if any, which gave rise to immediate cause **DUE TO** (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19. WAS AUTOPSY PERFORMED? Fracture neck right femur NO T 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20g. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING CAUSE OF DEATH. Knocked down by another patient. 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form. 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While at work at work Cambridge Hospital Dor. 21. I certify that I took charge of the remains described above, held an Autopsy ... Inspection K. Inquiry and find that death resulted from: Natural causes I, Accident , Suicide . Homicide . Undetermined cause . cote, Chi DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER 3/3/58 EXAMINER'S FUNER! cute the John Mace Jr. DEPUTY MEDICAL EXAMINER TO NAME (Type) 22c. NAME OF CEMETERY OR CREMATORY 22a. EURIAD CREMATION, 22b. DATE THEREOI 22d_LOCATION (City, town, or county) (Stole) REMOVAL (Specify) 0 ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE 240. REC'D BY REGISTRAR 124b. REGISTRAR'S SIGNATURE VS. A15MF(5 DAI 5M 9/55

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HEALTH DEPT.

director. Page or your files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute it tilicate, writing the word "pending" in pendil in Item 18. Give Pages 1, 2, and 3 to the funear directive two the Chief Medical Examiner's Office along with form PM3. Page 5 may be retain or y. TO FUNERAL DIRECTOR: Page 3 should be used as a britial-transit permit. File pages 1 and 2 with the State Goord or its designated agent, prior to burief, cremation, or removal, and in any event within 72 hours after death.

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VS. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

03266

3 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

the state of the s							-	
PLACE OF DEATH o. COUNTY Do	rchester		MARYLAND	2. USUAL RESIDENCE O. STATE Mar	(Whore decease yland	b. COUNT		before admission)
and give nearest town)	rlors Island		LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corp	- 1	RURAL and gi	ve nearest town)
	L OR INSTITUTION (IF		il, give street address)	d. STREET ADDRESS	Walton	Ave.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	First H ARI		Middle CLARK	STULL	4. DATE OF DEATH	March		Doy Year 1958
5. SEX Male		7. MARRIED	NEVER MARRIED 8.	bout 191	2	9. AGE [In years fast birthday]		EAR IF UNDER 24 HRS. ys Hours Min.
	N (Give kind of work do life, even if retired)	one 10b. KINI	D OF BUSINESS OR INDUSTI	RY 11 BIRTHPLACE (SHO	te or foreign co	-/-4		N OF WHAT COUNTRY?
13_FATHER'S NAME	Stull			14. MOTHER'S MAIDEN	NAME !	Mac	Kes	5 - 1 s \ 2 = 1
15. WAS DECEASED EVER	R IN U. S. ARMED FORCE If yes, give war or dates of se	CES? 16. SO	CIAL SECURITY NO. 17. 16	FORMANT S MOIVEL	1 564	Address / De la	mSt	thurs 6 Gra
PART I. DEATH	H [Enter only one couse H WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO		(o), (b), ond (c).] wning, Found	Drowned				INTERVAL BETWEEN ONSET AND DEATH
Conditions, if on gave rise to immedi (a), stating the uncourse lost.	y, which (b) one couse DUE TO							
	y (c)_ ER SIGNIFICANT CONDI	ITIONS CONT	TRIBUTING TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE	CONDITION GIV	EN IN PART 1	(o) 19. WAS AUTOPSY PERFORMED? YES NO
PRIMARY LA OF CON'CAUSE OF DEATH.	IE WAS TRIBUTING [] 20b.	0/5	ow injury occurred. (Edd Drowned)	nter noture of injury in Po	ort I or Part II (of item 18.)		
20c. TIME OF INJURY Hour o. m. u	Month, Doy, Yeor	While		CE OF INJURY (Home, for ory, street, office bldg., e nknown			(County	
	esuled from:		nains described obov Res [], Accident [ve, held an <u>Autor</u> , Suicide,	Homicide	spection [], [], Undete	Inquiry	nner 🏝
EXAMINER'S NAME (Type)	aul F. Guer	//	nen_	M.D. CHIEF MEDICAL ASSISTANT MEDI DEPUTY MEDICA	CAL EXAMINER		3/12	/58
220. BURIAL GREMATION REMOVAL (Specify) REMOVAL			c. NAME OF CEMETERY OR	CREMATORY	22d. LOCAT	ION (City, town,	or county)	(Slote)
REMOVAL	3-13-58	3	airview (le me less	Bel	tillely	427	fa.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DATE APR

03268

e. IS RESIDENCE

Day

IF UNDER I YEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

> WAS AUTOPSY PERFORMED? YES NO

> > (State)

DATE SIGNED

(State)

Days

(County)

ON A FARM? YES NO

Year

190

Reg. Dist. No

Months

15M 9/55

BUREAU V. L	of the state of th	
8381 I A9A		
DECENTED		
	Account to the second s	

ADDRESS

VS. A15ME(5) 5M 9/55

23. FUNERAL DIRECTOR'S SIGNATURE

24a. REC'D BY REGISTRAR DATE MAR 3 '58

24b. REGISTRAR'S SIGNATURE

03267

e. IS RESIDENCE ON A FARM2

YES NO

19

Hours

INTERVAL BETWEEN ONSET AND DEATH

day

1 day.

PERFORMED?

Md.

and find that

DATE SIGNED

(State)

3/25/58

NO

(State)

YES IT

(County)

Dor.

IF UNDER 24 HRS.

Min.

58

25

U.S.A.

Days

BUREAU K. E.

1358 NAM

DECENTED

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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TO DEPUTY AEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is execute the liftcate, writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funery 4 should be orwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State bor its designated agent, prior to burial, crematian, ar removal, and in any event within 72 hours after death.

0 7 0 6 vs. A15ME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 22 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

03270

-		0608							Keg, Dis	T. 140.	
1.	PLACE OF DEATH o. COUNTY DO	orchester		MARYLAN		o. STATE Mary			vition: Resident		
C	b. CITY OR TOWN life and give negrati lown) ambridge	R.F.D. 2	RURAL	c. LENGTH OF STAY IN 1	b	c. CITY OR TOWN (IF	outside cor e R.I	porote limits, write P.D. 2	RURAL ond	give ne	orest town)
	d. NAME OF HOSPITA	L OR INSTITUTION (I	not in hos	pilal, give street address)		d. STREET ADDRESS			913		e. IS RESIDENCE ON A FARM? YES NO
3.	NAME OF DECEASED (Type or print)	James		Middle T (own	send	4. DATE OF DEATH	March	1	Day	Year 58
5.	Male	6. COLOR OR RACE White	7. MARRIE	NEVER MARRIED DIVORCED	B. D.	1/1/92		9. AGE In years Gouldbirthday) 95.	IF UNDER 1	YEAR	Hours Min.
10	o. USUAL OCCUPATION during most of working Mechanic	N (Give kind of work of life, even if retired)	one 10b. K	IND OF BUSINESS OR INDI	USTRY	Marylan	_	country)		S.	WHAT COUNTRY
13	James	Townsend				. MOTHER'S MAIDEN N Zellina B		ng			
(Ye	. WAS DECEASED EVER	R IN U. S. ARMED FOR (If yes, give war or dates of s		social security NO. 17 14 07 8509		s. Helen	Town	send, C	ambri	dge	, Md.
	PART I. DEATH	H [Enter only one county H WAS CAUSED BY: MMEDIATE CAUSE (o) DUE TO	e per line		. J	occlusion				INTERV ONSET LM	AND DEATH Stant
	Conditions, if on gove rise to immedi (o), stating the ut couse tost.	y, which (b)	Art	eriosclero	tic	C-V Dise	ase		·		?
CERTIFICATION			oitions <u>cc</u>	ONTRIBUTING TO DEATH BU	TON TI	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART		PERFORMEDS PERFORMEDS ES NO-E
	PRIMARY OF CON CAUSE OF DEATH.	SE WAS TRIBUTING []	DESCRIBE	HOW INJURY OCCURRED	. (Ente	r nature of injury in Part	f or Port If	of item 18.)			
MEDICAL	Hour o.m.	19	While of wo	rk at work	actory,	OF INJURY (Home, form, street, office bldg., etc.)			(Coun		(State)
				emains described a causes , Acciden					Inquiry	-	and in my
	ACTUAL SIGNATURE	Jour	12	meg	A	A.D. CHIEF MEDICAL EX					DATE SIGNED
	EXAMINER'S NAME (Type)	John Mac	e Jr			ASSISTANT MEDICAL E				13	/1/58
22	THE STALL CREMATION	3/3/5 2	8	vast Ru	OR CR	narket	OAS	thew o	Mark Mark	let	istonal
23	WINERAL DIRECTOR!	Hillo-12	ell-	1 Co. 11. 11	Mr.	estel 240. REC'D	AR 2 1	758 245 REGIS	STRAR'S SIGN	ATURE	

8391 18 AAM

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ofter death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

03271

3257 **CERTIFICATE OF DEATH**

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Dore	chester Co.		MARYLA		JSUAL RESIDENCE (b. STATE Md.		ed lived. If instituti b. COUNTY			
b. CITY OR TOWN (I RURAL and give no	f autside corporate limi	its, write	c. LENGTH OF STAY IN	116	c. CITY OR TOWN	If outside carp	orate limits, write R	URAL and gi	ive nearest	tawn)
Cambridge	ge Md.		5 Days	= 1	3 Cambr	ridge M	d.			
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in haspital, g	ive street	address)		d. STREET ADDRESS				e. 1	S RESIDENCE ON A FARM?
Cambridge	Md. Hospit	al			302	Acade	my St.			S NO
3. NAME OF DECEASED	Fi	rst	Middle		Last	4. DATE OF	Mor	ith	Doy	Year
(Type ar print)	Thurman	1			Travers	DEATH	1101		13,	19 58
5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	8. D/	TE OF BIRTH		9. AGE (In years last birthday)	Manths		UNDER 24 HRS.
Male	White	WIDOW	ED DIVORCED		/30/29		29 yrs.	Months	Days H	aurs Min.
10a. USUAL OCCUPATIO	ON (Give kind af work king life, even if retired	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLACE (St	ate ar foreign	country)	12. CITI	ZEN OF V	VHAT COUNTRY
Laborer			Seafood Pack	cing	Fishing	Creek	Md.	US	SA	
13. FATHER'S NAME				14	MOTHER'S MAIDE	N NAME				
Unkr	Unknown					ie G.	Travers			
15. WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s	CES? 16.	SOCIAL SECURITY NO.	17. INFOR	MANT		Add	ress		
No	(ir yes, give was as assess of s		None	Cha	rles Aaro	n	Cambri	dge Mo	i.	
592 X Conditions, if a gave rise to it care (a), stating lying cause last.	mmediate (. 0	hr. Meg	plu	itis				4	AND DEATH
200. ACCIDENT WA			CRIBE HOW INJURY OCC					EN IN PART	P	NAS AUTOPSY ERFORMED?
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Ye	ar 20d, Il While at war	Nat while		OF INJURY (Home, f street, affice bldg.,		ty or tawn)	(Co	ounty)	(State)
21. I certify the alive on	at lattended the	deceas 19 A	1	leath occ	, 1958 , to_ curred at 4 _A 		m the causes of Street, city or town,	ind on the		the deceased stated above park signer
220. BURIAL, CREMATIO REMOVAL (Specify) Burial	3/1), /58	OF.	Greenlawn			4300	ATION (City, tawn,			(State)
23. FUNERAL DIRECTOR	S SIGNATURE		ADDRESS	Cemer	77		bridge STRAR 246. REGI	STRAR'S SIGI		
LeCompte Fu	meral Serv	rice	Cambridge	Md.	DATE	R1 8 '58	City.	abus:		

TO HOSPITAL may be red TO FUNERAL CERTIFICATE OF DEATH

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BUREAU V. S

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VS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3289

CERTIFICATE OF DEATH

03272

				Re	g. Dist. No.	
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (WHO D. STATE	ere deceased li	ved. If institution: R	esidence before o	dmission)
Wiephiep/ Dorcheste	MARYLAND	Mary]	Land		Vicomico	
b. CITY OR TOWN (If outside corporate limits, write c. RURAL and give nearest town). Cambridge	LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate	e limits, write RURAL	ond give nearest	town) V
7171871117	l yr. 8 days	Pitts	ville	22	x - 2	
d. NAME OF HOSPITAL (If not in hospital, give street add OR INSTITUTION	ress)	d. STREET ADDRESS			e. I	RESIDENCE
EASTERN SHORE STATE	HOSPITAL	-				ON A FARM?
NAME OF First	Middle	Last	4. DATE OF	Month	Day	Year
(Type or print) Edward		White	DEATH	March	20	19 58
SEX 6. COLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH	9.		NDER I YEAR IF	
78. 74 - WIDOWED	PI DIVORCED [7]	October 15.			nths Days He	ours Min.
o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	D OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (State	or faile on town	1m/) 1	2. CITIZEN OF W	HAT COUNTR
during most of working life, even if retired)		Delawar	e Wi	Ington		
Retired Farmer	-	14. MOTHER'S MAIDEN N			U.S.	.A.
Unknown WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOC		Mary W	nite			
(es. no. or unknown) (If yes, give war or dates of service)	TIAL SECURITY NO. 17.	rs. Russell T RECORDS: East	lingle.	-Zion Rd ore State	Salish	pury, M
No -		KEUURDS: East	tern one	ore State	Hospita.	
18. CAUSE OF DEATH [Enter only one couse per line for	or (o), (b), and (c).]					AL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cal	rdiac Failure	9				
422./ DUE TO						
Conditions, if ony, which) (b) Chi	ronic Myocard	ditis				
gave rise to immediate case (o), stating the under-						
lying couse lost.	neral Arterio	osclerosis			5,62 1.60	
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE C	ONDITION GIVEN I	N PART 1(a) 19. V	VAS AUTOPSY
PART II. OTHER SIGNIFICANT CONDITIONS CON 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)					P	ERFORMED?
20g. ACCIDENT WAS UNDERLYING TI 20b. DESCRIE	F HOW INTURY OCCUPRE	D. (Enter nature of injury in F	Port I or Port II	of item 181	16	2 ☐ MOM
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIED OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E TOTAL INSURT DECURRE	.b. (ciner horore or injory in t	011101101111	or main ro.,		
	DV - CCUIDED 20- BI	ACT OF INVIDENCE	loor cot			
Hour o. m. While		ACE OF INJURY (Home, farm ctory, street, office bldg., etc.		town)	(County)	(Stote)
p. m. 19 at wark				PLOTE DE LA COMPANIE		
21. I certify that I attended the deceased	fram Thay	1957 to 9	Marin	Q, 1958,th	at I last saw	the decease
alive on 7/102. 20 195	S_, and that death	accurred at / 145	->	-		
12 4 5% 5	1 - A.	decorred dity		he causes and	an the date s	DATE SIGNE
ACTUAL 9/1912 100	edisaher.	1 - Garden	Stone	Make	Ho	12-20
SIGNATURE (2) LU CL CALL	-11	M.D.	2/1000	-171/20		7 27-6
PHYSICIAN'S FTTORE DE	HUIPPI.	5 Can	whid	ge,	med	3
	c. NAME OF CEMETERY,O	OR CREMATORY	22d. LOCATIO	N (City, fown, or cou	inty)	(State)
BUNTATed March 23.58	Mesve	lle Cemete:	y P:	lttsvill	e. Md.	
FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRA			
Holloway & Co. Salt	shury Md.	MA.	R 2 4 '58	11126 -	Inne &	

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BUREAU V. S

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	1			MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18									
		M		3290 CERTIFICATE OF DEATH Reg. Dist. No.									
Page 4	I director. filed with		1	PLACE OF DEATH O. COUNTY OR PLACE OF DEATH O. COUNTY OR PLACE OF DEATH O. STATE O. STATE O. STATE O. COUNTY OR PLACE OF DEATH OR									
death.	uneral Id be fi			b. CITY OR TOWN (If ourside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)									
urs after	the fu d 2 shaul	00	-	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES \(\sum \) NO \(\sum \)									
24 ha	filled in ges 1 an		3.	NAME OF DECEASED (Type or print) NAME OF DECEASED (Type or print) NAME OF DEATH STATE Month Day Year OF DEATH 1958									
s withir	Por		5	6. COLOR OR JACE 1. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.									
execute	pap pap		100	USUALOCCUPATION (Give kind of work-done 10b. KIND OF BUSINESS OF INDUSTRY 12 BROWN COUNTRY) during most of working life, even if religed) 12. CITYEN OF WHAT COUNTRY?									
te be e	cian and carban after de		13,	FATHER'S NAME Lack Pinkney 14 MOTHER'S MAIDEN JAME COSKIAN									
certifico	physic remave 2 haurs			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 MFORMANT Address (If yes, give wor or dates of service)									
eath	ease rithin 72		F	18. CAUSE OF DEATH [Enfer only one cause per line for (a), (b), and (c).]									
the d	hen pl			PART 1. DEATH WAS CAUSED 8Y: Chronic Cardiac Deconfensation ONSET AND DEATH 420.0									
s that	sit permit. The			Conditions, if any, which) (b) arteriosclerotic heart desease 8 yrs									
require an.				gave rise to immediate couse (a), stating the under: lying couse last. DUE TO Generalized arteriorscleross 20 years									
physici	as beer ial-tran	0	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 19									
IAN: Ti	ficate h the bur ar rem		CERTIFI	20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 18.)									
PHYSIC of or att	his certi use as ematian		MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a. m. P. m. 19 20d. INJURY OCCURRED While Not while at work at wo									
JING naspit	After ted for ol, cr			21. I certify that I attended the deceased from 4-7, 1944, ta 3-7, 1956, that I last saw the deceased									
ATTENT	detach to buri		1	alive an									
NO P	ARC JId be			SIGNATURE CECO O'Service M.D. Friston md. 3/10/58									
PITAI	ERA!		22	PHYSICIAN'S DR. H. B. PLYMMER TRESTON MA									
May b	o FUN page		R	REMOVAL CREMATION, 226. DATE THEREOF 222 NAME OF GENEVERY OR CREMATORY 22d. OCATION (COLFIOWN, or COUNTY) (SPACE) THE MENT OF GENEVERY OR CREMATORY 22d. OCATION (COLFIOWN, or COUNTY) (SPACE)									
VS /	A15 (4) 1 9/55	Sign	23.	FUNERAL DIRECTOR'S SIGNATURE SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE MAR 3 1 '58 CHILDRENGE SIGNATURE									
		A	-										

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DECENALL

VS A15 (4) 15M 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 3258

CERTIFICATE OF DEATH

113274

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)										
Dor	Maryland b. COUNTY Dorchester											
RURAL and give n		s, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	bridge		30 years		/3 Cambridge							
OR INSTITUTION	TAL (If not in hospital, g	ve street	oddress)		d. STREET ADDRESS e. IS RESIDENCE ON A FARM?							
Cam	bridge-Mary	land	Hospital		213	WestyEn	d Ave.			□ NO 🛛		
3. NAME OF DECEASED	Fir		Middle		Lost	4. DATE OF	*****		Day	Year		
(Type or print)	Will	A CONTRACTOR OF THE PARTY OF TH	Harvey		Wrote	n DEAT	I TOTA OFF T			19		
5. SEX	6. COLOR OR RACE	7. MARR	HED IN NEVER MARRIED	8.	DATE OF BIRTH		9. AGE (In years lost birthdoy)	Months D	YEAR IF UN			
Male	White	WIDOW		_	Oct.26,1		59 yrs.		ays nou	rs Min.		
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work of king life, even if retired)	lone 10b.	KIND OF BUSINESS OR	INDUST	RY 11. BIRTHPLACE	(State or foreign	country)	12. CITIZ	EN OF WH	AT COUNTRY?		
			ctory emplo	yee	Churc	h Creek,	Md.	U	J.S.			
13. FATHER'S NAME		30.1			14. MOTHER'S MAI							
Joh	m S.Wroten				Mary last name unknown							
15. WAS DECEASED EVE	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. IN!	FORMANT	2000 420		iress				
(Yes, no, or unknown)	(If yes, give wor or dates of se	rvice)	14-07-9776	1	.Nicey C.	Unoton '		CALL TO THE	Com	haidea l		
No	No			THE	enicey C.	Wro cen,	CI) WESU	SHU AVE	3. , O ELIII	ini rage		
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]									INTERVAL BETWEEN ONSET AND DEATH		
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CARCINOMA RIGHT LUNG									TO DEATH		
163X	163X DUE TO											
Conditions, if a	any, which) (b)											
gove rise to i	immediate (4										
lying couse lost.	Loise (o), storing the under-											
	, (0)	OITIONS C	ONTRIBUTING TO DEAT	TH PLIT N	OT PELATED TO THE	TERMINIAL DICE	ASS COMPLETON OF	VENT IN L DA DE	1/ 1/10 14/4	ALITOREY		
5	TEN STOTAL COTA	JIIIO113 <u>C</u>	ONTRIBUTINO TO DEAT	00110	IOI KEDATED TO THE	TERMINAL DISEA	ASE CONDITION GI	VEN IN PAKI	PER	FORMED?		
D ACCIDENTAL	40 110 1000 1101 10	001 000	DIDE HELL BUILDING						YES	□ NO □		
O THE EITHER, NOTIFY	AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER)	200. DESC	CRIBE HOW INJURY OC	CURRED.	(Enter noture of inju	ry in Port I or P	ort II of item 18.)					
Y 20c. TIME OF INJUING Hour o. ji.	RY Month, Day, Yea	r 20d. IN While of work	Not while	PLAC focto	E OF INJURY (Home ory, street, office bldg	, form, 20f. (C g., etc.)	ity or town)	(Co	ounty)	(Stote)		
21 I contifue th	nat I attended the	decen	ed from 6-14-	-50	19 to	3-13-	58 10	About 1.1		- 1 1		
alive on 35		An			12	. 7 5 1	, 17			e deceased		
dive on	201	19-	and that o	leath o	occurred at 12		om the causes		date sta			
ACTUAL SIGNATURE	Bulo L	Su	Mer		.b. 200 Ma	ryland	(Street, city or town, Avenue	stote)		DATE SIGNED		
PHYSICIAN'S NAME (Type)	Albert E. B	ınker	, M. D,		Cambri	dge, Ma	ryland					
220. BURIAL, CREMATIC	ON, 226. DATE THEREO	F	22c. NAME OF CEMET	ERY OR	CREMATORY	22d. LOC	ATION (City, town,	or county)	15	tote)		
REMOVAL (Specify)	March 15	1959	Old Trinit				ch Creek,		13			
23. FUNERAL DIRECTOR		1700	ADDRESS	y	24-	REC'D BY REGI		STRAR'S SIGN	JATURE			
Komment	R. Hou	AAX	,	ao M								
Jemus	1110000		Vampi Id	Ra'M	DAT	E MAR 1 8	30 1	Leau	eh			

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THE COLOR WAS A SECOND OF THE PARTY OF THE P